PRIVATE AGENCIES COLLABORATING TOGETHER, PACT
"CHILDREN OF ROMANIA" PROJECT
ANE-0001-A-00-0055-00

EXECUTIVE SUMMARY
AND
SUMMARY OF FINDINGS, CONCLUSIONS, AND RECOMMENDATIONS

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BACKGROUND

The "Children of Romania" project was funded under the statute authorization entitled "Humanitarian Assistance for Armenia and Romania" in Title III of Public Law 101 - 302. A cooperative agreement in the amount of $2,000,000 was signed on September 24, 1990 with PACT (Private Agencies Collaborating Together), the lead agency of a consortium of agencies including Project Concern International (P.C.I.) and World Vision Development and Relief (WVRD). Of the $2,000,000, $500,000 was to be made available to Romanian counterparts working to develop appropriate adoption mechanisms within Romania and other efforts to place children out of institutions. At the time of the cooperative agreement signing, World Vision was already operational in Romania. PACT became operational on October 6, 1990 when its interim field director arrived in Romania, and Project Concern International became operational when its field director arrived in Romania in early November 1990. In December 1990 requests for proposals for the adoption and adoption-related activities were sent out by PACT, and in January 1991 Holt International Children's Services was selected to implement this component as a subgrant. As an on-going part of the project, PACT manages a subgrant fund of approximately $40,000 for grants to Romanian NGO's working on projects related to the overall objectives of the "Children of Romania" project.

The Children in Romania (COR) project addresses the immediate and long term needs of the Romanian children in state children's institutions, including those for the handicapped.

SUMMARY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

PERMANENCY PLANNING

Within the COR project, permanency planning included family reunification, adoption and foster care. Holt's reunification efforts included reunification of children with their birth families at home, reunification through family visits to their children still in institutions and reconnecting siblings within institutions. Holt exceeded its objective with more than 2800 families contacted and counselled and 395 children reunited with their birth families.

Holt's permanency planning work with adoption also included placing children in Romanian and international adoptive families and in foster care families. Romanian and international adoptions were halted by the Government of Romania (GOR)and only recently restarted under strict control. Overwhelming international pressure has caused extreme care in Holt's preparation of children for adoption. Holt's June 1992 statistics report they registered 119 children with the Romanian Adoption Committee for placement, placed 117 with Romanian adoptive families, six with international families and placed four special needs children.

Temporary foster care has also been initiated and difficulties with acceptance and staff cooperation have limited its effects to date. Holt plans additional work in foster care focusing on hospital maternity wards, working with families to prevent separation of children from their birth parents. The reported 1992 rise in children admitted into institutions emphasizes the need to prevent institutionalization as well as to continue placements of institutionalized children.

Permanency planning was carried out by Holt trained and supervised cadres of 44 new "social

assistants" (SAs) who, during supervised field work, contacted families, conducted assessments, and prepared documents for reunification, adoption and foster care. They also encouraged children's institutions to allow family visits, health personnel to examine children and local social assistants and officials to prepare and process children for placement.

Holt's program implemented direct training and supervision and modeling of child placement activities. Some institution staff, especially SAs had difficulty in adjusting to "new" SA trainee activities within their institutions although their Directors had signed agreements.

The limited degree other COR members contributed to reunification and adoption activities is reportedly due to the extreme sensitivity of adoptions.

Training of Holt SAs varied from a one-year program of in-service, biweekly, one-day training program with field work and supervision, to a one year university affiliated program. These programs have quickly produced SA technicians, essentially a new catagory. The latter group is accredited. Holt's collaborated with the development of the four year Bachelor of Social Work program.

CONCLUSIONS

The PACT Consortium work in permanency planning through family reunification, adoption or foster care has had significant influence on Romania. Holt's direct activities in reunification through SA training and supervised practice had credible, immediate results and prepared personnel to meet future placement needs. It is significant that no tracking system exists that can verify the long term effect of their and other placements.

Many children remain in institutions who have not yet been placed due to insufficient SAs. Laws and procedures impede the movement of children. Additional training of a significant number of SA and other child placement staff within technical and university affiliated programs stressing supervised field work is needed. Consistent Technical Assistance (TA) to the GOR is needed to develop the system for adoption and child protection. Additional cooperation among consortium NGOs to identify, refer and place children is needed.

Large numbers of children, who because of their conditions or because of the families' circumstances cannot be cared for at home, after being assessed, will need to remain in appropriate institutions .

PACT's consistent short term consultants have strengthened the RAC and other national and county level institutions to develop policies, guidelines and procedures for child protection and placement. PACT-supported international study tours were valuable, promoting the RAC, the Ministry of Health (MOH), The Ministry of Education (MOE) and other GOR agency awareness of comprehensive child care systems. Further TA and study tours will build a critical mass of prepared child protection leaders.

Strengthening and sustaining Romanian children's institutions' Director's and staff's interest and capability depends on continued staff training, modeling and allocation of GOR funds for additional staff and travel to prepare children for placement. Additional work in hospitals and communities is needed to prevent the institutionalization of children.

RECOMMENDATIONS

Continued and increased support should be provided for the training and staffing of social assistants and other child care workers for child placement and the prevention of institutionalization. Additional positions will need to be created by the GOR. In-service training of existing cadres should be done. Training of new SAa should be university affiliated with a strong, supervised field work practicum. Efforts to credential/certify SAs for in-service or other training is needed. Intermittent consistent TA and study tours should be continued to the RAC and GOR institutions to prepare a critical mass to shape the development of the Romanian adoption and child protection systems.

Follow-up on the placement of children out of institutions should be given priority to monitor the safety and care of children having been reunited, adopted or placed in foster care. TA and support for the development of a tracking system for these and other placed children should be supported.

Support should be continued and increased with emphasis on prevention of institutionalization, coupled with continued TA and project support to Romanian children's institutions not yet actively reunifying and placing children.

CHILD DEVELOPMENT AND REHABILITATION

World Vision has implemented physical, psychological and social rehabilitation of children in 0-3 institutions, failure to thrive units within hospitals and AIDS units. The focus has been on research, support to university affiliated programs, direct service, curriculum development and training. Original goals were expansive and later reduced.

Developmental testing for baseline status and rehabilitation efforts have been initiated in each of the nine sites. Although the model is heavily a medical one, an interdisciplinary approach has been introduced.

Two distinct phases were implemented. Initially, emphasis was placed on the Iasi research site with a high level of technical assistance input, research and investigation activities. A number of other sites received varying levels of supervision, technical assistance and staffing.

In the second phase, an in depth internal WVRD review and restructuring after the midterm evaluation resulted in essentially the separation of the research/investigation component at Iasi. This allowed the strengthening of the direct service and training component at other sites. Appointment of a new experienced field director with extensive development experience and a project operations manager with management and clinical expertise strengthened WVRD's planning, supervisory and reporting systems and capabilities. WVRD headquarters recruited to reached the full staff contingent. Service and training was strengthened across sites with emphasis on working closely with staff and institution directors.

WVRD's child development and rehabilitation work has not been directly linked to deinstitutionalization, although WVRD social rehabilitation has taken institutionalized children into communities. WVRD and staff have not yet widely encouraged families of children in institutions to visit or worked closely with Holt on reunification or adoption.

CONCLUSIONS

WVRD has significantly changed and strengthened its program since midterm with addition of stronger development and management direction and staff capabilities. Continued work is needed to join clinical, management and administrative strengths and perspectives for project support. WVRD has strengthened supervision and support to sites and implemented a consistent approach. Separation of the Iasi sites for research and demonstration allowed WVRD to develop strong direct service and training programs in other sites.

A model which is heavily medical has been implemented. It has been complemented to some extent with child development expertise from short-term child development specialists. Technical expert support is focused on one site while other sites report not receiving information or support from these advisors. Further TA will be needed to support staff and strengthen their child development expertise.

WVRD training of Romanian staff has increased communication, involved them in care and significantly improved children's care. Mortality rates have dropped considerably in the AIDS ward and significantly changed the conditions of children in other institutions. WVRD's emphasis continues to be focused on institutionalized children. WVRD direction, however, recognizes the need to expand into prevention. It was discussed that WVRD staff could gradually expand staff and patient teaching in maternity "failure to thrive" units to promote prevention of separation of children from their families.

Use of high staffing levels paid by the project to demonstrate the effectiveness of child development and child care models has implications for sustainability. Project models have not explored the balance between clinical effectiveness and long term sustainability.

WVRD Headquarters (HQ), as a result of the Romania experience, is more experienced in recruiting clinical personnel with international experience. Clinical personnel with training, management and planning expertise should continue to be sought. WVRD staffing continuity is crucial.

WVRD has contributed 80-85 percent of project funds. WVRD HQ support has strengthened its Romania project and has committed officially to an additional year of programs with the GOR. Although a significant commitment, needs will not be met in one year's time. Continued team presence, literature and TA support to strengthen clinical and management capabilities are needed beyond the one year commitment.

The extent to which WVRD has established links with families of children, when possible, could not be established. Future efforts could explore family interest and support for even limited reunification of children with their families.

RECOMMENDATIONS

WVRD should consider the medium term extension of its rehabilitation and child development activities in Romania for several years. A.I.D. support will continue for two more years. A.I.D. discussions for joint support are appropriate.

Additional staff and TA should be provided to strengthen the child development expertise of WVRD

staff. Adjustments to the medical model should be implemented. Future models should be developed to depend less on high staffing levels to ensure sustainability. Increased sharing of resources among WVRD sites is crucial. Extension of WVRD into activities to prevent children from being separated from their families should be considered to complement their work within institutions.

WVRD should increase coordination with consortium members, and contacts with families should be increased to allow even limited reunification of children with their families. Regulations which severely limit family contact should be adjusted.

WVRD should provide additional HQ or contracted TA should be provided to support the clinical and site management needs identified by field staff. HQ support for recruitment and literature should be continued to assure adequate staffing, continuity and professional updating of staff competency. A proactive literature resource person familiar with training, clinical and child development literature should support these needs.

SURGICAL AND SURGICAL SUPPORT AND REHABILITATION

The COR's Project Concern International (PCI) surgical component has operated on some 300 institutionalized children through nine U.S. surgical teams' direct surgical interventions, surgical support, screening, pre and post operative care, referrals, and short-term post operative rehabilitation. PCI has also provided training for Romanian surgeons and surgical support personnel. In addition, PCI provided direct care and counterpart training in physical, speech and other rehabilitation specialties by U.S.rehabilitation therapists. PCI provided funds to hire additional Romanian caregivers/staff for screening and pre and post op care.

Nine U.S. surgical teams gave highly visible, energetic, direct surgical interventions, and initiated pre and post operative care to almost 300 children. Romanian medical personnel report learning some new surgical techniques and teaching their U.S. colleagues others. The modelling of U.S. team work with the use of trained scrub and recovery room nurses, nurse anesthetists etc., was a vital lesson. U.S. surgeons reportedly adapted their surgical and training approaches after recognizing the skill level of Romanians to allow more time for training and professional interchange.

The U.S. team efforts reportedly drew operating room and support staff and equipment from other sites. A special unit was staffed to handle pre and post operative care and medium term rehabilitation, somewhat parallel to the MOH system. Children were transferred from around the country through several institutions with different care givers for the screening, and immediate and medium term pre and post op care activities. The method by which continuity of caregivers and the emotional and developmental needs of the children were met is not clear. Apparently some U.S. teams brought clinical protocols and procedures. The extent of use of written pre and post op written procedures to assure safe and quality care for children was not clear. Logs, brief surgical notations and other records were used to promote continuity. To date no tracking system of children receiving surgery has been established.

In addition to surgical interventions, PCI supported the rehabilitation of children through some 30-35 short term therapists in physical, occupational, speech and other therapies providing services in 18 institutions. Their program was reportedly defined by the institutions' directors.

PCI's support role was complex with logistic and programmatic responsibilities for U.S. teams and rehabilitation therapists. Project management was understaffed and changed three times with the final new direction and increased staffing in early 1992. PCI management of teams has adapted and increased support to differing expectations of surgical teams. It is reported that these have sought separate grants for future work. Management structures and processes were not clear: project objectives, organizational structure, definition of responsibilities, lines of communication and reporting were only informally defined.

CONCLUSIONS

The approach of using short-term, U.S. surgical teams provided quick response and visible short term results for hundreds of children. These children have received surgery and their lives have been changed. PCI teams also provided training and modelling of surgical techniques, team work with use of surgical support staff and sharing of clinical literature. This experience has been beneficial but has not worked within the structure and resources of the MOH. PCI recognizes this and has worked to add a developmental perspective.

Future surgical teams may no longer be managed by PCI. This calls for a significantly adjusted approach. PCI's commitment to longer range development and collaborative work institutionalized within ministries has defined a different approach for its future efforts in Romania.

Rehabilitation therapists as short term volunteers were distributed in 18 institutions. This spread and a limited PCI programmatic structure restricted their effectiveness in building consistent programs.

Information and tracking systems are needed to establish the status of children who received surgery and to track children's movement through various institutions. Currently some PCI and MOH records exist, but no tracking system has been established.

Changes in PCI project direction have added expertise and staffing to direct and manage the COR project and future programs in Romania. Continuing needs exist for strengthening management structures and processes.

RECOMMENDATIONS

An in depth review should be scheduled to review and restructure the technical and managerial approach to assure that surgical team interventions as implemented continue to be appropriate. High quality care of children, the appropriateness of this approach, and the capacity for institutionalization within the MOH and the GOR should be the emphasis of the review and restructuring.

PCI should conduct a review of the short term rehabilitation therapists program. Future efforts should emphasize the focusing of volunteers in a limited number of sites under a strong programmatic structure.

The GOR, the Agency for International Development (A.I.D.), UNICEF and Private Voluntary Organizations (PVOs) should work jointly to develop a tracking system Follow up of the children who received surgery under this project should be carried out to monitor the care received.

PCI headquarters management expertise or contracted consultants
should provide techinical assistance for management and program strengthening. Strengthening the management structure and capabilities should benefit ongoing and future programs.

PROJECT MANAGEMENT, MONITORING AND EVALUATION

The three initial COR partners had been selected by A.I.D. to collaborate under the leadership of PACT. Their cooperation had not been previously negotiated. PCI and WVRD received funding through a passthrough mechanism. They expressed dissatisfaction with the COR structure and doubts of the need for coordination or direction from another NGO. The extent to which early strong cooperation would have improved consortium outputs is not known. Holt, as COR subgrantee, however, expressed needs for direction and guidance from PACT as they had no recent experience with A.I.D. funded projects.

Although the initial understanding was that all COR partners would work together in each site chosen, this did not happen. With disperse sites, cooperation was difficult. There were no defined nor consistent project criteria used for selection of project sites.

PACT convened meetings, prepared comprehensive COR reports, and provided guidance to Holt in reporting requirements. PACT managed the subgrants to Romanian NGOs and provided support in their development of data bases. PACT identified and supported the TA advisor to the Romanian Adoption Committee through a contract with Caritas International. To monitor the COR activities, PACT made visits to a sample of project sites. To support evaluation, PACT assisted the development of the SOW for the midterm and final evaluations. PACT worked with USAID, GOR, UNICEF and other NGOs to facilitate communication among international NGOs.

PACT assessed the unmet needs and established a private fund for additional emergency assistance to children. This funded repairs of physical facilities in four institutions. PACT's COR amendment supported TA, training, study tours and equipment for the RAC and other GOR institutions.

Project management changed dramatically after the midterm evaluation and internal review, with new project directors for WVRD and PCI, improved management skills and increased collaboration. Exchanges began among midlevel managers and clinical staff of COR agencies which had not been formalized nor institutionalized in the past.

CONCLUSIONS

A consortium model was conceptually appropriate for the COR. Several NGOs cooperating with complementary projects under a COR/unified program was sound. Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management. The consortium should have been initiated and negotiated among involved PVOs before CORs start. The consortium's organizational structure, relationships, responsibilities, communications, reporting and financial management, etc., were not defined, discussed and agreed before the onset of the project. They were finalized through reporting requirements and other relationships. Time was a limiting factor as agencies met fiscal year obligation deadlines.

While the consortium has encountered difficulties from the beginning, it is needed more than ever in this next phase to coordinate the diverse PVO activities, to optimize their individual efforts and to strengthen their impact on children and institutions in Romania.

The management of the PVO projects has improved markedly since the mid-term review. Directors have changed and improved management systems and tools have been introduced. PACT provided continuity to COR as the only organization who did not replace its director. PACT headquarters support was increased to strengthen project direction after the midterm.

While there is agreement that PACT has done an satisfactory job as consortium coordinator under the circumstances, opportunities were missed for the consortium's improved functioning and impact. Romania proved to be a very complex situation for which there was no precedence. It is only now, at project's end, that PVOs are beginning to make the advances which, under other circumstances, might have rightfully been expected to occur earlier.

The systemic change required within Romanian institutions to facilitate deinstitutionalization of children is still in the early phase. The objectives of PVOs with Romanian institutions are only now within achievable reach. The various ministries, committees, local authorities and institutional personnel require ongoing assistance if these changes are to be implemented. Through this process of institutional change within ministries, and the creation of child protection committees, Romanian individuals and institutions are learning the mechanics of the democratic process.

Management tools and processes are needed by individual NGOs and consortia to strengthen their programs and improve their effectiveness. These tools and processes include organigrams, job descriptions, work plans, financial management, problem solving, conflict resolution, channels of communication, leadership, etc., which when clearly defined and included in the project design, assure better project management from the beginning.

Inter-PVO communication is needed not only among Project Directors but equally importantly among mid-level managers and clinical staff to discuss their respective programs and pursue areas of collaboration and cooperation.

To date the project has impacted a great number of areas concerning the placement and movement of children while identifying systemic weaknesses which continue to inhibit efficient and economic resolution of the problems. By sharing their expertise and experience the PVO's impact would multiply and be more far reaching. There is a real and expressed need to continue the consortium in some form.

RECOMMENDATIONS

A.I.D. should continue to encourage and support consortia as one important method of development assistance which potentially enhances a more efficient use of resources. Consortium partners should be self selecting, in agreement with the shared aims of a project and its management.

NGOs and A.I.D. should clearly define, review and agree upon management structure and processes (including organizational chart/structure, leadership, job descriptions, problem solving, conflict resolution, financial management, channels of communication, etc.) at the onset of projects.

PVOs working in Romania should encourage and be encouraged to cooperate to enhance their individual programs and to strengthen the Romanian's child care system.

GOVERNMENTAL RELATIONS AND COORDINATION WITH OTHER NGOS

The Consortium members actively interchanged with many GOR ministries. Unanimously, GOR officials have stated the importance of Consortium TA, training, modeling, and systems demonstrations to strengthen their knowledge and capabilities to develop permanency planning, rehabilitative and child protection activities. Their exposure to U.S and other child welfare systems assisted greatly in their understanding of interrelationships to develop systems of adoption and child protection.

Working with the Consortium and NGOs has been totally new, and GOR officials stated, positive experiences. They report beneficial results from NGO/GOR joint work.

The coordination of international NGOs in Romania is stated to be the responsibility of the GOR. This has begun with the creation of the Romanian Information Clearing House (RICH) responsible to the MOH. PACT, working closely with UNICEF, has provided guidance to RICHs establishment. It was recognized that a multilateral agency was a more appropriate institution to assist the GOR to structure an NGO coordination mechanism. Although the GOR has created RICH, little other effort has gone into the coordination of international NGOs. Initial efforts to establish NGO registration have begun.

CONCLUSIONS

The responsibility of coordination of international NGOs lies with the GOR. PACT, UNICEF and others have assisted in the creation of an organization which registers NGOs. Further GOR effort to coordinate the hundreds of scattered NGOs, their resources and activities is appropriate. Multilateral agencies are appropriate to provide this assistance to the GOR.

Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management.

A.I.D. should continue to support the children of Romania. Romania needs to make changes on many fronts simultaneously in adopting a democratic and free-market approach to national development. It does not have the resources required to complement the efforts of this project on institutionalized children in Romania. In addition to direct benefits to children, COR is encouraging and supporting change within the governmental and nongovernmental structures and as such is contributing to their awareness and participation in the democratic process in Romania.

Recognizing many children remain in institutions and resources are limited, legislation should be enacted as soon as possible to define abandonment and a process for legalization of these children to allow alternative placements. The present shared responsibility for institutional care of children among numerous Ministries makes effective care and protection difficult. These mechanisms need to be streamlined. Present policies regarding the placement and transfer of children require clarification and modification. Manpower planning will be needed to train, retrain and reclassify child protection personnel.

RECOMMENDATIONS

The GOR should be encouraged to continue and increase their coordination of NGOs. Dialogue with UNICEF should be continued to encourage UNICEF Bucharest to continue its guidance to the GOR in the coordination of NGOs.

Continued assistance should be provided to Romania's efforts to modify existing legislation and policy to protect children. Assistance and support should include: additional\medium term funding, technical assistance in permanency planning, diagnostic testing, organizational development, policy planning, legislation, social integration of children into the community, manpower planning, etc. These resources should come from a combination of the private voluntary sector, the academic community, and the private sector.

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FINAL EVALUATION REPORT

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RECOMMENDATIONS

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staff. Adjustments to the medical model should be implemented. Future models should be developed to depend less on high staffing levels to ensure sustainability. Increased sharing of resources among WVRD sites is crucial. Extension of WVRD into activities to prevent children from being separated from their families should be considered to complement their work within institutions.

WVRD should increase coordination with consortium members, and contacts with families should be increased to allow even limited reunification of children with their families. Regulations which severely limit family contact should be adjusted.

WVRD should provide additional HQ or contracted TA should be provided to support the clinical and site management needs identified by field staff. HQ support for recruitment and literature should be continued to assure adequate staffing, continuity and professional updating of staff competency. A proactive literature resource person familiar with training, clinical and child development literature should support these needs.

SURGICAL AND SURGICAL SUPPORT AND REHABILITATION

The COR's Project Concern International (PCI) surgical component has operated on some 300 institutionalized children through nine U.S. surgical teams' direct surgical interventions, surgical support, screening, pre and post operative care, referrals, and short-term post operative rehabilitation. PCI has also provided training for Romanian surgeons and surgical support personnel. In addition, PCI provided direct care and counterpart training in physical, speech and other rehabilitation specialties by U.S.rehabilitation therapists. PCI provided funds to hire additional Romanian caregivers/staff for screening and pre and post op care.

Nine U.S. surgical teams gave highly visible, energetic, direct surgical interventions, and initiated pre and post operative care to almost 300 children. Romanian medical personnel report learning some new surgical techniques and teaching their U.S. colleagues others. The modelling of U.S. team work with the use of trained scrub and recovery room nurses, nurse anesthetists etc., was a vital lesson. U.S. surgeons reportedly adapted their surgical and training approaches after recognizing the skill level of Romanians to allow more time for training and professional interchange.

The U.S. team efforts reportedly drew operating room and support staff and equipment from other sites. A special unit was staffed to handle pre and post operative care and medium term rehabilitation, somewhat parallel to the MOH system. Children were transferred from around the country through several institutions with different care givers for the screening, and immediate and medium term pre and post op care activities. The method by which continuity of caregivers and the emotional and developmental needs of the children were met is not clear. Apparently some U.S. teams brought clinical protocols and procedures. The extent of use of written pre and post op written procedures to assure safe and quality care for children was not clear. Logs, brief surgical notations and other records were used to promote continuity. To date no tracking system of children receiving surgery has been established.

In addition to surgical interventions, PCI supported the rehabilitation of children through some 30-35 short term therapists in physical, occupational, speech and other therapies providing services in 18 institutions. Their program was reportedly defined by the institutions' directors.

PCI's support role was complex with logistic and programmatic responsibilities for U.S. teams and rehabilitation therapists. Project management was understaffed and changed three times with the final new direction and increased staffing in early 1992. PCI management of teams has adapted and increased support to differing expectations of surgical teams. It is reported that these have sought separate grants for future work. Management structures and processes were not clear: project objectives, organizational structure, definition of responsibilities, lines of communication and reporting were only informally defined.

CONCLUSIONS

The approach of using short-term, U.S. surgical teams provided quick response and visible short term results for hundreds of children. These children have received surgery and their lives have been changed. PCI teams also provided training and modelling of surgical techniques, team work with use of surgical support staff and sharing of clinical literature. This experience has been beneficial but has not worked within the structure and resources of the MOH. PCI recognizes this and has worked to add a developmental perspective.

Future surgical teams may no longer be managed by PCI. This calls for a significantly adjusted approach. PCI's commitment to longer range development and collaborative work institutionalized within ministries has defined a different approach for its future efforts in Romania.

Rehabilitation therapists as short term volunteers were distributed in 18 institutions. This spread and a limited PCI programmatic structure restricted their effectiveness in building consistent programs.

Information and tracking systems are needed to establish the status of children who received surgery and to track children's movement through various institutions. Currently some PCI and MOH records exist, but no tracking system has been established.

Changes in PCI project direction have added expertise and staffing to direct and manage the COR project and future programs in Romania. Continuing needs exist for strengthening management structures and processes.

RECOMMENDATIONS

An in depth review should be scheduled to review and restructure the technical and managerial approach to assure that surgical team interventions as implemented continue to be appropriate. High quality care of children, the appropriateness of this approach, and the capacity for institutionalization within the MOH and the GOR should be the emphasis of the review and restructuring.

PCI should conduct a review of the short term rehabilitation therapists program. Future efforts should emphasize the focusing of volunteers in a limited number of sites under a strong programmatic structure.

The GOR, the Agency for International Development (A.I.D.), UNICEF and Private Voluntary Organizations (PVOs) should work jointly to develop a tracking system Follow up of the children who received surgery under this project should be carried out to monitor the care received.

PCI headquarters management expertise or contracted consultants
should provide techinical assistance for management and program strengthening. Strengthening the management structure and capabilities should benefit ongoing and future programs.

PROJECT MANAGEMENT, MONITORING AND EVALUATION

The three initial COR partners had been selected by A.I.D. to collaborate under the leadership of PACT. Their cooperation had not been previously negotiated. PCI and WVRD received funding through a passthrough mechanism. They expressed dissatisfaction with the COR structure and doubts of the need for coordination or direction from another NGO. The extent to which early strong cooperation would have improved consortium outputs is not known. Holt, as COR subgrantee, however, expressed needs for direction and guidance from PACT as they had no recent experience with A.I.D. funded projects.

Although the initial understanding was that all COR partners would work together in each site chosen, this did not happen. With disperse sites, cooperation was difficult. There were no defined nor consistent project criteria used for selection of project sites.

PACT convened meetings, prepared comprehensive COR reports, and provided guidance to Holt in reporting requirements. PACT managed the subgrants to Romanian NGOs and provided support in their development of data bases. PACT identified and supported the TA advisor to the Romanian Adoption Committee through a contract with Caritas International. To monitor the COR activities, PACT made visits to a sample of project sites. To support evaluation, PACT assisted the development of the SOW for the midterm and final evaluations. PACT worked with USAID, GOR, UNICEF and other NGOs to facilitate communication among international NGOs.

PACT assessed the unmet needs and established a private fund for additional emergency assistance to children. This funded repairs of physical facilities in four institutions. PACT's COR amendment supported TA, training, study tours and equipment for the RAC and other GOR institutions.

Project management changed dramatically after the midterm evaluation and internal review, with new project directors for WVRD and PCI, improved management skills and increased collaboration. Exchanges began among midlevel managers and clinical staff of COR agencies which had not been formalized nor institutionalized in the past.

CONCLUSIONS

A consortium model was conceptually appropriate for the COR. Several NGOs cooperating with complementary projects under a COR/unified program was sound. Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management. The consortium should have been initiated and negotiated among involved PVOs before CORs start. The consortium's organizational structure, relationships, responsibilities, communications, reporting and financial management, etc., were not defined, discussed and agreed before the onset of the project. They were finalized through reporting requirements and other relationships. Time was a limiting factor as agencies met fiscal year obligation deadlines.

While the consortium has encountered difficulties from the beginning, it is needed more than ever in this next phase to coordinate the diverse PVO activities, to optimize their individual efforts and to strengthen their impact on children and institutions in Romania.

The management of the PVO projects has improved markedly since the mid-term review. Directors have changed and improved management systems and tools have been introduced. PACT provided continuity to COR as the only organization who did not replace its director. PACT headquarters support was increased to strengthen project direction after the midterm.

While there is agreement that PACT has done an satisfactory job as consortium coordinator under the circumstances, opportunities were missed for the consortium's improved functioning and impact. Romania proved to be a very complex situation for which there was no precedence. It is only now, at project's end, that PVOs are beginning to make the advances which, under other circumstances, might have rightfully been expected to occur earlier.

The systemic change required within Romanian institutions to facilitate deinstitutionalization of children is still in the early phase. The objectives of PVOs with Romanian institutions are only now within achievable reach. The various ministries, committees, local authorities and institutional personnel require ongoing assistance if these changes are to be implemented. Through this process of institutional change within ministries, and the creation of child protection committees, Romanian individuals and institutions are learning the mechanics of the democratic process.

Management tools and processes are needed by individual NGOs and consortia to strengthen their programs and improve their effectiveness. These tools and processes include organigrams, job descriptions, work plans, financial management, problem solving, conflict resolution, channels of communication, leadership, etc., which when clearly defined and included in the project design, assure better project management from the beginning.

Inter-PVO communication is needed not only among Project Directors but equally importantly among mid-level managers and clinical staff to discuss their respective programs and pursue areas of collaboration and cooperation.

To date the project has impacted a great number of areas concerning the placement and movement of children while identifying systemic weaknesses which continue to inhibit efficient and economic resolution of the problems. By sharing their expertise and experience the PVO's impact would multiply and be more far reaching. There is a real and expressed need to continue the consortium in some form.

RECOMMENDATIONS

A.I.D. should continue to encourage and support consortia as one important method of development assistance which potentially enhances a more efficient use of resources. Consortium partners should be self selecting, in agreement with the shared aims of a project and its management.

NGOs and A.I.D. should clearly define, review and agree upon management structure and processes (including organizational chart/structure, leadership, job descriptions, problem solving, conflict resolution, financial management, channels of communication, etc.) at the onset of projects.

PVOs working in Romania should encourage and be encouraged to cooperate to enhance their individual programs and to strengthen the Romanian's child care system.

GOVERNMENTAL RELATIONS AND COORDINATION WITH OTHER NGOS

The Consortium members actively interchanged with many GOR ministries. Unanimously, GOR officials have stated the importance of Consortium TA, training, modeling, and systems demonstrations to strengthen their knowledge and capabilities to develop permanency planning, rehabilitative and child protection activities. Their exposure to U.S and other child welfare systems assisted greatly in their understanding of interrelationships to develop systems of adoption and child protection.

Working with the Consortium and NGOs has been totally new, and GOR officials stated, positive experiences. They report beneficial results from NGO/GOR joint work.

The coordination of international NGOs in Romania is stated to be the responsibility of the GOR. This has begun with the creation of the Romanian Information Clearing House (RICH) responsible to the MOH. PACT, working closely with UNICEF, has provided guidance to RICHs establishment. It was recognized that a multilateral agency was a more appropriate institution to assist the GOR to structure an NGO coordination mechanism. Although the GOR has created RICH, little other effort has gone into the coordination of international NGOs. Initial efforts to establish NGO registration have begun.

CONCLUSIONS

The responsibility of coordination of international NGOs lies with the GOR. PACT, UNICEF and others have assisted in the creation of an organization which registers NGOs. Further GOR effort to coordinate the hundreds of scattered NGOs, their resources and activities is appropriate. Multilateral agencies are appropriate to provide this assistance to the GOR.

Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management.

A.I.D. should continue to support the children of Romania. Romania needs to make changes on many fronts simultaneously in adopting a democratic and free-market approach to national development. It does not have the resources required to complement the efforts of this project on institutionalized children in Romania. In addition to direct benefits to children, COR is encouraging and supporting change within the governmental and nongovernmental structures and as such is contributing to their awareness and participation in the democratic process in Romania.

Recognizing many children remain in institutions and resources are limited, legislation should be enacted as soon as possible to define abandonment and a process for legalization of these children to allow alternative placements. The present shared responsibility for institutional care of children among numerous Ministries makes effective care and protection difficult. These mechanisms need to be streamlined. Present policies regarding the placement and transfer of children require clarification and modification. Manpower planning will be needed to train, retrain and reclassify child protection personnel.

RECOMMENDATIONS

The GOR should be encouraged to continue and increase their coordination of NGOs. Dialogue with UNICEF should be continued to encourage UNICEF Bucharest to continue its guidance to the GOR in the coordination of NGOs.

Continued assistance should be provided to Romania's efforts to modify existing legislation and policy to protect children. Assistance and support should include: additional\medium term funding, technical assistance in permanency planning, diagnostic testing, organizational development, policy planning, legislation, social integration of children into the community, manpower planning, etc. These resources should come from a combination of the private voluntary sector, the academic community, and the private sector.

FINAL EVALUATION REPORT

BACKGROUND

The "Children of Romania" project was funded under the statute authorization entitled "Humanitarian Assistance for Armenia and Romania" in Title III of Public Law 101 - 302. A cooperative agreement in the amount of $2,000,000 was signed on September 24, 1990 with PACT (Private Agencies Collaborating Together), the lead agency of a consortium of agencies including Project Concern International (P.C.I.) and World Vision Development and Relief (WVRD). Of the $2,000,000, $500,000 was to be made available to Romanian counterparts working to develop appropriate adoption mechanisms within Romania and other efforts to place children out of institutions. At the time of the cooperative agreement signing, World Vision was already operational in Romania. PACT became operational on October 6, 1990 when its interim field director arrived in Romania, and Project Concern International became operational when its field director arrived in Romania in early November 1990. In December 1990 requests for proposals for the adoption and adoption-related activities were sent out by PACT, and in January 1991 Holt International Children's Services was selected to implement this component as a subgrant. As an on-going part of the project, PACT manages a subgrant fund of approximately $40,000 for grants to Romanian NGO's working on projects related to the overall objectives of the "Children of Romania" project.

The Children in Romania project addresses the immediate and long term needs of the Romanian children in state children's institutions, including those for the handicapped.

OVERVIEW

The Children of Romania project provided a humanitarian response to the needs of institutionalized Romanian children, especially those in 0-3 age leagoneles/orphanages. Direct services of surgical and surgical support teams, physical, speech and other therapies, testing and stimulation of children and direct case work were begun with Consortium members with a strong clinical focus. Intense consortium activities, several surgical team screening and operating team activities, training and supervision of social assistants who carried out permanency planning, reunification, developmental screening, child stimulation and research activities, in addition to delivery of large amounts of gifts in kind were initiated in an atmosphere of extraordinary disorder with hundreds of non-governmental organizations initiating humanitarian activities in Romania in response to a perceived emergency situation of institutionalized children.

Romanian Ministries of Health, Labor and Social Protection, Education and others, local mayors and child institution directors and others had essentially no experience nor mechanisms to coordinate and respond to the intents of hundreds of NGOs, volunteers and tons of supplies which arrived. Data bases on which to identify institutions or children to plan care did not exist. Essentially no international multi or bilateral donor organizations were present.

Political and economic (e.g. inflation) uncertainty complicated project interventions within a backdrop of the highly publicized conditions of children in institutions and unregulated international child adoptions.

Few child care professionals existed as the training of social workers, psychologists, physical, speech

and occupational therapists had been discontinued leaving few professionals to assess and define child care and reunification needs within an essentially medical model of care. The reasons for children's placement in institutions, their legal, physical, and psychological status and prognosis for rehabilitation and permanancy placement were not known. No comprehensive assessment of children and their institutions existed. Appendix 9 (Overview) provides further pertinent information on conditions which PVOs encountered in Romania.

The report, "Causes of Institutionalization of Romanian Children in Leagane and Sectii do Distrofici," December 1991, from the Ministry of Health, Institute of Mother and Child Care and UNICEF provides valuable information for decision makers. Several quotes are included here and the executive summary is included in Annex 5 (UNICEF Executive Summary).

Several important facts from the UNICEF report include:

1) In general, children in leagone and failure to thrive units are medically fragile and come from families of the most economically vulnerable subgroups with low levels of education.

2) Few children are truly abandoned although many more are classified as such.

3) Physicians were punished if a child died out of hospital. The result was a tendency to refer children inappropriately to hospital and institutions.

4) Pediatricians in hospitals or maternities referred young children to institutions if there was any doubt about their welfare in the home environment.

Annex 2 ("Flow of Children") diagrams the movement of children from birth through institutions and in families in one county, Vilcea judet. It provides valuable information to begin to understand the number of institutions affecting children's care. Data at the national level of the movement of children does not yet exist.

The COR sponsored surveys done by the Romanian NGO Ocrotiti Copiii provided valuable data to the GOR and others on child care institutions, children and their conditions. Perhaps the most important statistic is that only six percent of children in leagone/orphanages are orphans, that is, has no known parent. Further information on the status of institutionalized children is presented in the section on data bases.

PERMANENCY PLANNING, MODELS AND IMPLEMENTATION

Permanency planning includes family reunification, Romanian adoptions, international adoptions (RAC registration)adoption of special needs children and foster family care. Permanency planning was done during the field work and supervision of the Holt SA trainees. Site locations for permanency planning were the same as those used for trainee practicum, Bucharest, Constanta, Suceava and Timisoara areas.

Sites were selected following visitation and assessment by Holt of the willingness of orphanage directors to accept a Holt sponsored SA trainee. This SA would accept Director's referrals for children for whom s/he wanted placed. Some site locations were chosen based on MOH

recommendation.

Holt selected SAs who were either experienced orphanage SAs, other orphanage staff, or those candidates recruited from the public (i.e: a bakery foreman, engineers). It was noted that many of the trainees were natural leaders with a keen interest in the SA training and permanency work.

Sometimes staff orphanage social assistants endorse agreements (and sometimes they do not) with Holt to place Holt SA trainees by the orphanage director working directly with Holt. Orphanages staff endorsement, particularly that of the SA, was critical to the acceptance of the Holt SA trainee and the success of the permanency planning effort. Holt recognized that the interest and active involvement of the 0-3 orphanage Director and of the existing social assistant was crucial to the acceptance of the Holt SA and of the permanency planning activities undertaken. Other SAs not sponsored by the project were invited to Holt training and their support and involvement were solicited.

Permanency planning was implemented (by 20 Holt social assistants), at 17 sites in Constanta, Giurgiu, Slobozia, Navodari, Cernavoda, Suceava, Falticeni, Bacau, and Comanesti, and Bucharest . Other child permanency work was done by 26 people whose education Holt sponsored at Timisoara University. They worked at 37 sites in Timisoara, Arad, Resita, and Hunedoara.

FAMILY REUNIFICATION

The agreement stated that Holt sponsored, trained, and supervised social assistants (HSA) will work with 2,500 Romanian families to explore permanency solutions for 0-3 orphanage placed children, and 125 children will be reunited with their birth family.

Achievements:
As of July 31,1992 the quarterly report states 2,825 families had been contacted to explore permanency solutions for orphanage placed children, and 395 children had been returned to birth families.

Implementation:
Orphanage directors referred individual cases to Holt SAs who
assembled a file and developed a case plan. The HSA became directly acquainted with the child, and assessed the child's situation (information on personality, health, weight, and grade placement) and status during the placement process, to present a description and update to the family. Other consortium members used development screening, such as the Denver test, to assess the child's development. The extent to which Holt's SA's used these screenings is unknown.

The Holt SA also assessed family's social/emotional/economic ability to resume care for the child. Although not the most complete/sophisticated assessment, these were sufficient to establish the status of children for placement. Some families were willing and able to resume responsibility for their child. Some families were assessed neither interested nor able to resume care. Legal release for adoption was sought in these instances in order to free the child legally for placement. If family reunification was assessed appropriate, the HSA initiated action with the local authorities.

The Commission on Minors has legal responsibility to rule on the placement of children into or release from institutions. The process is difficult and slow, and staff are not sufficiently prepared to

make proper placement decisions. If a child is reunited with his/her family, the local health clinic staff is responsible to make frequent home visits to monitor the child's health and to observe home conditions. Unfortunately MOH clinic staff are not prepared to assume the task of monitoring the care of children.

The tracking of children reunified with their parents is important to monitor their care and safety in the home setting. To varying degrees, Holt SAs have been able to monitor reunified children, depending on accessibility\proximity to HSA work site. (If the child returned to a family distant to the SA trainees site, he/she was not followed).

Legally, children under the age of three are to be checked by the local Ministry of Health clinic. Those children 3-8 years of age, in 0-3 orphanages or institutions for the handicapped, do not have an established GOR entity responsible to follow up on their reunification.

In addition to reunification of children through return to their homes, some children were reestablished through family visits at the institution although the child remained in care because of family problems or inability of the family to care for the child.

It was noted that a system for the tracking of children reunited with their families does not exist. Holt, the RAC and other agencies recognize the need for follow up of these children and the development of a data base which tracks the movement of children.

IMPACT

Holt reported 2,825 families were contacted by Holt SA and have been provided with services such as counselling, family assessments and reference checking to assist the placement process. Some 395 children have been reunified with their families. As discussed, a number of children have been reunited with their families although they remain institutionalized. As a result of Holt SA activities, a number of families have been contacted and assessed, and a number of children have been released by their parents to be placed for adoption or other type of permanency planning. SAs also worked with families to sign permissions for corrective surgery.

The Holt reunification work has provided a model to child institutions, judet, Commission on Minors, and health clinic personnel for the process and positive outcomes of assertive family reunification efforts.

Holt informally assisted the GOR to identify needs for SA training, permanency planning policies and procedures development, and legislative changes.

Orphanage directors and staff were encouraged to be more receptive and to even encourage family visits and to see them as positive for the child instead of a nuisance. Although continued family contact is crucial for the child during institutionalization, few institutions allow parental visits. A progressive institution in Bucharest considers a five minute parental visitation once a week as great progress.

A second type of family reunification has reunited siblings who were separated and placed in different sections of the same orphanage or in several different orphanages.

ADOPTION

Holt's agreement stated that 500 children for whom adoption appears to be the preferable option for permanency would be registered with the RAC; 30 children will be placed for adoption with Romanian families; 15 special needs children will be placed for adoption. PACT would provide consultation to the RAC.

Achievements:
Records show 119 children registered with the RAC; 117 children placed with Romanian adoptive families; 7 special needs children have had foreign adoptive families selected for them; 4 have been placed; 3 placements are pending; consistent intermittent technical assistance was provided to the Romanian Adoption Committee and other child protection institutions.

The RAC registration process requires that a child be documented and legally available for adoption: i.e.; a birth certificate, parental consent for adoption or a declaration of abandonment; and a social-emotional, developmental and psychological description of the child. This process of assessment and documentation can be done by the institutions' SAs or more recently by the Holt SA.

Holt SAs have registered children with the RAC following collection of legal and psycho-social-emotional-developmental data which indicated that adoption was the placement of choice. Holt has registered children with the RAC for Romanian adoptive placement. The RAC made a determination of the placement of choice following review of the established/documented legal availability for adoption and an assessment process which determined that a family known to the institutional staff or local community would not be available for the child.

ROMANIAN ADOPTIONS

The HSA conducted the assessments and prepared documentation for children's adoption by Romanian families. They gathered birth certificates, parental consents to adoption or declarations of abandonment, and assessed the social-emotional-psychological-developmental status of children. In the past, some institutional directors had been approached by a prospective adoptive family and had prepared that child for the family. The more appropriate approach of assessing a child and then identifying the most suitable family was not generally done.

In some cases the Holt SA has directly carried out the assessment (home study) and documentation in preparation for adoption. At other times, they assisted tutelary authority staff and SAs to conduct the home study to assess prospective adoptive families' readiness to adopt the child.

ADOPTION OF SPECIAL NEEDS CHILDREN

The concept of adoption of a special needs child was not generally known in Romania. Holt SAs worked to conduct the assessments and prepare the documentation for these children. They also helped to prepare home study of the prospective parents. The RAC selected the registered family for an available child. Holt SAs provided dossiers of prospective adoptive families with the RAC sometimes identifying for placement with a particular family. Some of these children and families already had an ongoing relationship.

IMPACT

Tutelary authority SAs have improved their assessment and documentation as a result of Holt SA modeling of a proactive role by collection of a birth certificate, parental release for adoption and/or a declaration of abandonment, and by assisting tutelary authorities in adoptive family assessment.

Holt modeled to various child protection agencies that families will adopt a special needs (older, handicapped, etc,) child. Several special needs children were placed as a result of the work of an HSA.

FOSTER FAMILY CARE

Achievement
Temporary foster care (TFC) is essentially a new concept in Romania. TFC is defined as family care provided to a child pending a permanent placement, family reunification, adoption placement, long term FC. Research has demonstrated that children prosper developmentally significantly better in a family versus an orphanage setting. All reasonable efforts to prevent institutionalization are in the interest of the vulnerable, developing child. FC in Romania has generally lead to adoption, informal in-family foster placement, and informal parental placement with close friends, and the Commission on Minors authorized some long-term foster care placement.

HOLT'S foster care component developed with Bucharest orphanage number 5 became effective in November of 1991. Holt coordinated with the MOH in gaining authorization to conduct a temporary foster family care model. By agreement with the Ministry of Labor and Social Protection (MOLSP), Holt followed draft FC regulations supplemented by Holt's more comprehensive family evaluation, child and family pre and post placement preparation and follow-up. Holt discussed with, and modelled to, the MOH and MOLSP and other institutions the concept of temporary foster care.

Four children were referred for foster family placement. Two (aged 5 and 6) were placed into FC. The other two were removed from the FC program when accelerated plans for adoption were implemented.
Review of the first case found that the child was placed in FC leading to adoption by the family. The reason for the child's FC status was the lack of a parental consent for adoption or declaration of abandonment. Interviews with the foster father found great show of affection and commitment to a long term relationship with the child. It appears, however, that there was interest in FC leading to adoption from the beginning.

Review of the second FC case revealed that the child was returned to the institution by the SA one month after FC placement with a bruised face with suspected abuse. Further local investigations discovered no evidence of abuse. The SA had a crucial role in returning the child to the institution. When discussing this case with evaluators, the need to make all efforts possible to include the institutional SA and others in addition to the director in decisions regarding children's placement was identified as crucial. It is analyzed that perhaps if the SA had been more involved in this FC placement, she would have supported and facilitated it. Unfortunately, this child, ordered returned, remains institutionalized.

In its future project, Holt plans to continue its temporary foster care efforts working in maternity hospitals to prevent the separation of children.

Holt's TFC model, follows MOLSP draft foster care regulations and supplements them with Holt's more comprehensive family evaluation child and family pre and post placement preparation and follow-up.

TRAINING OF SOCIAL ASSISTANTS

Holt trained 46 SAs in two different programs, a university-affiliated, one-year, full-time program at the University of Timisoara and a one-year, theory and supervised practice program at the HOLT office in Bucharest. Both directly addressed COR's focus of permanency planning.

The content included social work philosophy and history , skills, techniques, psychology, etc. Training methods included lecture, role play, seminars, and group problem solving with a strong focus on supervised field work to reinforce theory. COR training has supported a broader role for SAs. The Holt Bucharest trainees have received MOE, MOH, and MOLSP endorsed, although not official, SA certificates. Trainees completing at the University of Timisoara receive MOE certification at the technical level.

Romania has also established links with U.S. and other sister universities to develop social worker training at the Bachelors level.

PERMANENCY PLANNING TECHNICAL ASSISTANCE

PACT identified and provided a short term intermittent, consistent consultant to the RAC and other Committees to provide TA in adoption management systems, and the development of a philosophical and application process for making adoption a viable option for permanency for institutionalized children. This consultant also provided training to the RAC, Judets/local authorities, institutional directors, Ministries and Commissions on Minors.

In addition the RAC, the Commission on Minors and the Interministerial Committee for the Support of Child Protection Institutions have been strengthened. Through the COR, the RAC has assumed the role to educate, and to provide program, systems and legislative authority for the development of adoption standards, procedures and practice.

CONCLUSIONS

Holt SA activities have stimulated the placement of hundreds of children. Many other children remain in institutions where training and programs for reunification do not yet exist. There is a need to address the thousands of children in institutional care who might be able to return home as more staff are trained and positions created to carry out this task.

Large numbers of children may be socially and emotionally institutionalized to the degree that return home or adoption may not be in their best interest.

Holt's emphasis has been to assess and document the dossiers of children and families and to aggressively search for families, natural, adoptive, or foster. The impact of Holt SAs roles as models for other SAs and other child care workers in permanency planning and in conducting child centered rather than adoptive family centered adoption activities was important.

The Holt SA's role in adoptions to Romanian families has been limited to working on the backlog of predetermined cases. The extent to which the proper process of identifying a child and then identifying the appropriate family was carried out is not clear.

The numbers of children placed by the RAC is limited by the lack of knowledge and skills of orphanage SAs to carry out assessments and prepare necessary dossier documentation for presentation to the RAC. The number of SAs trained to carry out child placement activities is extremely limited.

Orphanages lack a travel budget to allow SAs to go to the family or travel on related matters. Currently the only funds for travel are through the Holt budget for trainees' field work . This may be one mechanism to allow SA work to continue until regular budgets can be allocated from ministries. Long term sustainabilty concerns require that such costs be built into GOR budgets.

Orphanage, tutelary, and Commission on Minors lack systems and incentives to encourage family contact and/or return of children placed in institutions. Many families have lost contact with their children due to a lack of cordiality and encouragement by staff.

Family assistance through subsidies, grants, employment training, etc. could allow some family reunification or prevent a child's placement in an institution.

The number of foreign adoptions has been limited significantly because the Romanian Government declared all foreign adoptions illegal: the RAC was established and mechanisms for the protection of children have been initiated.

At present there is not a tracking mechanism for the children who are reunited to their families; although Holt SAs are stated to have individual records which could be used as a base for establishing such a system.

The MOH, MOLSP and others have been exposed to the concept of temporary foster care (TFC) (as opposed to long term foster care as known to date in Romania).The MOLSP is developing, with the assistance of a British NGO, a carefully designed and managed long term FC program. TFC is not included in their design. It has been reported that 9000 long term FC placements have been carried out by the MOLSP in 1991 alone. With the amount of difficulty experienced by Holt in their temporary foster care placements, in depth discussions with the MOLSP and reassessment of the design are appropriate.

A high level of involvement of a staff, especially the orphanage SA, is needed for permanency placement work to be successful and to assure their cooperation.

The assistance of the PACT consultant to the RAC has been clearly stated by the RAC to be of high quality and vital to the development of the institutions responsible for institutionalized children..

RECOMMENDATIONS

Continued and increased support should be provided for the training and staffing for social workers and other child care cadres for child placement and prevention of institutionalization. Additional positions will need to be created by the GOR. In-service training of existing cadres should be done. Training of new SAs should be university-affiliated with a strong, supervised, field-work practicum. Efforts to credential/certify SAs for in-service or other training is needed.

Intermittent, consistent TA and study tours should be continued for the RAC and GOR institutions in the areas of permanency planning philosophy, protocols, procedures and skills. This will prepare a critical mass to shape the development of the Romanian adoption and child protection systems. This assistance has been requested by the GOR. Work with the RAC and committees could also prepare a base for the development of an Eastern European Adoption Resource Center.

Short study tours for RAC, the multiministerial committee and other key officials should continue to be funded to visit child welfare systems in the U.S and other countries. This is an unique circumstance given the essential absence of a child protection system in Romania and the opportunity to prepare a critical mass of decision makers from a number of ministries.

Follow-up on the placement of children out of institutions should be given priority to assure the safety and care of children having been reunited, adopted or placed in foster care. TA and support for the development of a tracking system for these and other placed children should be supported.

Support should be continued and increased with emphasis on the prevention of institutionalization, coupled with continued TA and project support to Romanian institutions not yet actively reunifying and placing children.

To strengthen prevention efforts, future development of family assistance programs (grants, skills training, subsidies) should be considered to help families improve their economic situations and child care skills, to prevent institutionalization, and to promote early return to family care.

Support and TA should be provided to socialize children into the schools and communities and to develop independent living skills programs to transition young people into adult life in the community (social and employment skills, vocational training).

Efforts to continue temporary foster care by Holt should be pursued. Established benefits of individualized care exceed orphanage care. Holt should hold in depth discussions with the M. of Labor and Social Protection to share information on models.

Support should be considered for future programs for public awareness of children's needs for family preservation, family reunification, adoptive family placements, and foster family care. A program of public education should be developed to promote public awareness of the appropriate role of children's institutions and that not all children can be deinstitutionalized. Testing, rehabilitation and proper care in the appropriate institution should be provided to ensure that each child reaches his/her potential.

For the future, in addition to technical assistance to improve the quality of the child placement and care, TA should be provided to identify generally the costs of different types of placement options compared to orphanage care should be available. These analyses can be done to guide decision in the face of limited resources.

PHYSICAL, PSYCHOLOGICAL AND SOCIAL REHABILITATION INCLUDING DEINSTITUTIONALIZATION

ACHIEVEMENTS

COR's World Vision has implemented physical, psychological and social rehabilitation in its four COR supported sites using the same methodology used in its broader (nine site) ROSES project. It is significant that A.I.D. funding was matched by WV, which contributed 80-85 percent of total funding from seven countries. WVRD's percentage of contributions increased over the course of the project. Since A.I.D. funding stimulated strong WVRD response, data presented here reflect achievements at all sites. See Appendix 7 (WVRD accomplishments)

Original goals of 15,000 children in nine locations and 250 students, 120 staff and 180 community care givers affected by training were later recognized as ambitious. Achievements reported in August 1992 report 793 children directly benefitted by rehabilitation and another 1405 indirect beneficiaries of the project. Training has benefitted 233 staff through informal in-service training: 296 received by lectures. Further training was assisted by study trips for 18 staff.

Developmental testing is being carried out in each site as a baseline for the rehabilitative therapy carried out with selected institutionalized children assigned to WVRD staff. Several different tests were used: Denver II, Bayley and GseII. In the six sites reporting, 638 Denver II, 103 Bayley and 11 GseII initial tests were done. A smaller number of children were reviewed with developmental testing: 192 with Denver II, 83 with Baylays and reported significant gains. Physiotherapists, psychologists and other WVRD staff often carried out more in-depth assessments on children to initiate therapies.

WVRD reporting has also incorporated a site-based "group" baseline condition which outlined the general condition of children and the physical environment, their group "developmental" status and the changes/status of both achieved as August 1992. This reporting of achievements has helped site staff appreciate the progress made.

The WVRD objective to implement interdisciplinary child development programs was most fully implemented in Iasi, with an intensive child testing, developmental stimulation and research/demonstration program. Other WVRD sites began with a limited interdisciplinary approach due to low staffing levels and WVRD recruitment difficulties. Recently the goal of an interdisciplinary approach has advanced. WVRD's current approach has emphasized direct service and staff training in child development, limiting the research aspects.

WVRD's objective to develop and implement service based teaching and training programs, and to provide a variety of continuing medical education seminars was initially focused heavily on the Iasi sites with periodic efforts to develop contacts and activities in other sites. A working agreement was

developed in Iasi between the University, medical school and WVRD. In the first quarter of 1992, WVRD separated Iasi as a training, research and demonstration site with university affiliated activities to allow the strengthening of their direct services component.

WVRD's objective to support child placements by screening of children was revised. WVRD's rehabilitation efforts to allow children to function effectively outside institutions was not directly linked to Holt's efforts to deinstitutionalize children. This was reportedly due to WVRD's sensitivity to being perceived as associated with Holt's international component of its adoption work. The extent to which WVRD's child development work in institutions stresses close links with parents when possible was not able to be assessed.

PROJECT IMPLEMENTATION

The WVRD project implementation has changed significantly since the midterm evaluation and WVRD's extensive internal review and restructuring. These changes have allowed the separation of the direct service component with training and institutional development from the university associated support to the research and demonstration and Romanian links with American professional societies which is still funded (WVRD only) but implemented by the Brooke Foundation.

The second phase has several advantages with new, experienced development professional as WVRD Field/Project director, and the appointment of an operations manager position with management as well as clinical direction responsibilities. WVRD HQ recruitment gradually filled most project positions. WVRD discussed that Romania was their first, large, clinically-oriented project and as such, they had limited institutional experience recruiting clinical personnel with international experience. Because the project is unique, there is a need to increase joint clinical, management and administrative dialogue to shape decisions.

Use of one year recruitment allowed limited continuity, but many staff have renewed their contracts. Most project staff have considerable clinical and some child development experience. They admit, however, that most had no prior international experience.

Program interventions included work in 0-3 institutions, failure to thrive units of hospitals and an AIDS center. WVRD clinical staff work jointly with Romanian staff trained and modeled for nursing personnel, and other child care staff. Curricula development and training of nursing aides has reported significant improvements in children's care. To date, trainees and traiuning programs reportedly have not yet been accredited. Further training is planned and presents an opportunity to expand and formalize training.

WVRD site work has focused on child stimulation, specific child development work, general nursing and specific AIDS care. Staff and the operations manager have carried out joint programming sessions with site directors and staff to involve them in decisions and to minimize resistance to changes in care. Care plans are established. Children developmental status at project start and changes achieved by August 1992 have been reported for each site. Those from two sites are included as Appendix 6 (WVRD achievement indicators).

WVRD has begun to work from an essentially medical model, although it has strengthened its child development approach most. Staff are essentially clinical with some child development preparation and experience. Child development specialists have been contracted to provide staff training. The

distribution of TA specialists and literature resources are reported not to be uniformly shared across sites. Large numbers of specialists visit the university affiliated program at Iasi while other sites receive limited child development TA.

Links of the WVRD rehabilitation and child development with other consortium members were not found. Essentially working in different sites, referral to PCI for surgery and Holt for placement was frequently not done.

The extent to which parents of institutionalized children have been encouraged to visit and participate in the care of their children could not be established. WVRD and Romanian staff have taken institutionalized children to parks, markets and movie theaters, which can be a first step to even limited reunification of children with their parents.

Recent WVRD HQ support has included identification and fielding of a new country director, guidance for project restructuring and recent evaluation assistance to strengthen the Iasi site management and evaluation capability. To a lesser extent, HQ has identified and provided needed literature resources. Significant amounts of gifts in kind have been managed. Working with field staff, HQ has begun to establish criteria for the acceptance of donations for Romania.

CONCLUSIONS

WVRD has significantly changed and strengthened its program since midterm with the addition of stronger developmental and management direction and staff capabilities. Continued work is needed to join clinical, managerial and administrative strengths and perspectives for project direction and support. WVRD has strengthened supervision and support to sites and implemented a consistent approach. Separation of the Iasi sites for research and demonstration allowed WVRD to develop strong service and training programs in other sites.

The medical model has been implemented and is being supplemented with child development expertise with additional staffing and short term child development specialists. Technical expert support is focused on one site while other sites report not receiving information or support from these advisors. Further TA will be needed to strengthen the child development component at their sites.

Training of staff has increased communication with staff, involved them in care and significantly improved children's care. Mortality rates have dropped dramatically in the AIDS ward. Care continues to be focused on institutionalized children. WVRD however, recognizes the need to expand into prevention. It was discussed that WVRD staff could gradually expanding their staff and patient teaching in maternity "failure to thrive" units.

Use of high staffing levels to demonstrate the effectiveness of child development and child care models has implications for sustainability once project funding ends. All project models should explore the balance between clinical effectiveness and sustainabilty by the GOR and institutions.

WVRD HQ, as a result of the Romania experience, is more experienced in recruiting clinical personnel with international experience. Clinical personnel with training, management and planning expertise should continue to be sought. Continuity is crucial.

WVRD HQ support has strengthened its Romania project and has committed officially to an additional year of programs with the GOR. Although this is a significant commitment, needs will not be met in one year's time. Continued team presence, literature and TA support to strengthen clinical and management skills are still needed. The extent to which WVRD has established links with families when possible, could not be established. Future efforts could explore family support for even limited reunification of children with their families.

RECOMMENDATIONS

WVRD should consider the medium term extension of its rehabilitation and child development activities in Romania for several years. A.I.D. discussions for joint support are appropriate.

Additional staff and TA should be provided to strengthen the child development expertise of WVRD staff. Adjustments to the medical model should be implemented. Future models should be developed to depend less on high staffing levels to ensure sustainability. Increased sharing of resources among WVRD sites is crucial. Extension of WVRD into activities to prevent children from being separated from their families should be considered.

Additional HQ or contracted TA should be provided to support the clinical and site management needs as identified by field staff. HQ support for recruitment and literature should be continued to assure adequate staffing, continuity and professional updating of staff competency. A pro-active literature resource person familiar with training, basic clinical and child development literature should be assigned to support the Romania literature needs.

Coordination with consortium members should be increased to allow even limited reunification of children with their families.

SURGICAL CARE INTERVENTIONS

OBSERVATIONS

BACKGROUND The COR's Project Concern International surgical component has operated on institutionalized children through U.S. surgical teams' direct surgical interventions, surgical support, screening, pre and post operative care, referrals, and short term post operative rehabilitation. PCI has also provided training for Romanian surgeons and surgical support personnel. Finally, PCI provides direct care and counterpart training in physical, speech and other rehabilitation specialties by U.S.rehabilitation therapists. PCI provides funds to hire additional Romanian caregivers/staff for screening and pre and post op care.

ORGANIZATIONAL RELATIONSHIPS PCI's relationship with Northwest Medical, Southwest Medical and Operation Smile was the previously established and ongoing organizational mechanism used to recruit and field surgical and surgical support and rehabilitation volunteers for Romanian COR activities.

VOLUNTEER SCREENING AND LOGISTICS SUPPORT PCI HQ full time Romanian Options staff person interviews, screens, orients, and provides logistic support and documentation for U.S. teams and individual volunteers for Romania. In Romania, the PCI Coordinator of Volunteers is responsible for all arrangements for volunteers, including preparatory and follow-up activities, i.e. patient screening, relations to relevant ministries and local officials, assurance of facilities, transport, all logistics and provision of translators. Ten PCI Romanian staff assist the Coordinator. The information system for management of volunteers is documented in PCI headquarters.

DIRECT INTERVENTIONS

SURGICAL: Direct PCI COR surgical interventions (reported June 1992) were provided by nine U.S. ENT, eye, orthopedic and plastic surgery teams to 285 children, with 30 more planned for the final quarter.

SCREENING AND REFERRALS: June 1992 data reports 7800 informal screenings. Referrals were made from institutions to surgical teams. Initially some 7000 children were screened for surgery from 75 (0-3) institutions. Screening was carried out in 75 leagone (0-3 orphanages). Some 28 camine-spitals (institutions for handicapped) were screened in the second year of the program. More recent screening reports the 1992 eye team screened in 60 institutions, the orthopedic team in 65 and the ENT team in 45.

DEVELOPMENTAL REHABILITATION: Developmental rehabilitation of children reported was provided by 30-35 short term volunteers who focused their work in four institutions for handicapped children (CS) and one rehabilitation unit to carry out direct care, staff teaching and modelling of care. Volunteers were predominately nurses, physiotherapists, and speech therapists. By June 1992 Volunteers contributed 495 weeks of time. The number of children receiving rehabilitation care has not yet been reported.

INDIRECT INTERVENTIONS–COUNTERPART TRAINING :

SURGEONS June 1992 reports that 20 counterpart Romanian surgeons and interns were trained in Opthamology, orthopedic, ENT, and plastic surgery specialty procedures with four planned for the eighth quarter.

SURGICAL SUPPORT AND REHABILITATION STAFF Surgical support and rehabilitative care staff (anesthesiology, surgical post op care and physiotherapy) trained 767 Romanian counterparts with another 350 scheduled for the final quarter of the grant.

ROMANIAN CARE GIVER EXTENDERS The number of weeks of Romanian, PCI paid care giver extenders was not reported.

MODELLING Romanian recognition of the surgical team approach, especially the importance of the anesthetist, surgical scrub nurse and recovery room nurse roles modeled by U.S. teams, was reported to be on of the most significant accomplishments.

MEASUREMENT OF ACHIEVEMENTS AGAINST OBJECTIVES Without specific PCI objectives, measurement of achievements is difficult. Initial broad objectives presented in PCIs March 1991 Detailed Implementation Plan (DIP), i.e. to minimize future placement of children in institutions of any kind; and update medical and allied disciplines to western medical care standards, were not realistic. May 1991 DIP objectives are stated as activities and included bringing four surgical teams and 24 Options volunteers each year. Considerable evaluation team effort was invested to document achievements in various reports with somewhat different data. In most cases, 1992 logframe data were used to reflect the most accurate statistics available.

PROJECT IMPLEMENTATION

SURGICAL INTERVENTIONS PCI provided programmatic guidance and logistic support to Northwest Medical, Southwest Medical, Operation Smile to screen, refer, and provide preoperative, post operative and surgical interventions for several hundred children in institutions. Teams reportedly brought essentially self contained surgical and surgical support equipment.

U.S. teams were not present in Romania during the final evaluation. Romanian counterpart surgeons, surgical support staff, and MOH officials were interviewed, and they emphasized the value of the surgical care, training and professional interchange with PCI and its partners. They emphasized that many more children remain in institutions who need surgery.

The process of screening was initially carried out by U.S. team scouts and later jointly with Romanian counterparts. The extent to which children referred by local physicians in children' institutions were screened and operated is not known. Initial screening was done to assess surgical conditions. The extent to which screening for a surgical procedure incorporated the psychological and nurturing needs of the child is not known.

A Bucharest orphanage's pavilion was established as the site for preoperative screening and second stage/medium term post op care. This created a unique setting and MOH institutional effort to support the U.S. surgical teams. The level of effort included high levels of Romanian and U.S. support staff and project paid Romanian staff to support the periodic high level activity of U.S. teams. Bucharest hospitals to which children were transferred, provided surgery, immediate pre and post op care, and had operating room schedules cleared to allow space, time and equipment to be concentrated during the visit. Romanian surgeons stated that they were not accustomed to the level of effort needed to concentrate support on team efforts.

The method used to assess and meet the emotional and psychological needs of children during the various transfers, new settings and caretakers, i.e. from "home" institutions to Pavilion one to hospitals, back to Pavilion one and then back to their "home" institution, was not clear. The extent to which consistent care by their home institution caretaker or a consistent substitute was assured is not clear, given the number of institutions and personnel involved.

With the emphasis on rapid direct U.S. teams' surgical interventions, the training needs assessments of Romanian surgeons and surgical support staff's expertise were informal. Records of basic assessments upon which training was developed were not found. Whether these are available in the headquarters of each of the partners is not known. Initial Romanian/U.S. professional interchanges revealed the Romanian's high levels of surgical skill after which U.S. teams apparently adjusted their

training approaches. Training and exposure to U.S. surgical techniques were spread across all levels, from experienced surgeons to interns and medical students. The length of exposure of a number of trainees was limited to little more than an hour. Romanians stated that although they previously felt confident performing surgeries such as strabismus, they did learn a U.S./different technique. Other more difficult surgeries provided for more learning, for example, complex retinal detachments and some orthopedic procedures. The extent to which the new surgical techniques taught are dependent on sophisticated equipment was not able to be determined.

The extent to which pre and post operative care was emphasized during training could not be established. Teaching by Operating Room and recovery room nurses perhaps provided balance between surgical techniques and pre and post operative care. Professional interchange was supported by an informal collection of literature, slides, films, and other teaching material. It is assumed that assessment information was somehow passed from team to succeeding team to adjust to Romanian personnel's interests and needs and the needs of children. Various reports were reviewed, but the system by which this information was used to make decisions was not clear.

The team model of using nurse anesthetists, scrub nurses, and recovery room nurses was reportedly the most valuable lesson shared by U.S. teams with Romanians.

Pre operative and postoperative protocols for care were apparently verbally presented. Volunteers logs discussed care given. Written procedures were brought by some volunteers and teams which can be adapted. Written procedures and protocols were begun this month.

Currently, no tracking systems exists which allows identification and follow-up of children who receive operations. Apparently individual U.S. teams, Romanian institutions, PCI and other institutions have partial records, but no systematic tracking of operated children is done. MOH officials have recognized this need. Children with repeated surgery, those with extensive surgery and those in need of extensive post operative rehabilitation are recognized by the MOH to be a priority to be tracked. The U.S. Consulate has expressed concern to the GOR that some children have been taken to the U.S. by U.S. groups apparently for surgery and lost to record. This gives further urgency to establishing a tracking system for all children operated on by PCI and other groups. The existing data bases are resources for establishing this tracking system.

PHYSICAL AND PSYCHOLOGICAL REHABILITATION OF CHILDREN

Volunteers provided rehabilitation services in five hospitals, camine spitals, a home for the moderately handicapped, five 0-3 institutions/leagones, and a vocational training school. They also provided training at a university setting. This makes a total of 18 institutions in which PCI Options volunteers have reported contributions. The program of care was reportedly developed by the Director of the institution. Volunteer experience levels were mixed, but many had not previously worked outside the U.S. and experienced the need for a structured work program. Those assigned most closely to surgical support activities reported a more structured assignment.

MANAGEMENT OF PROJECT INTERVENTIONS

Logistically, the PCI component was complex and required management of complex support services for U.S teams and individual volunteers, including housing, communications, transport, translation, etc. In addition to handling the U.S. teams' surgical and support supplies, PCI manages the receipt,

storage, distribution and tracking of other project related medical supplies and equipment purchased and donated as gifts in kind.

Programmatically, PCI was to plan, program and manage inputs from nine large surgical teams and dozens of individual volunteers. Systems for screening, pre and post op care protocols and management information for tracking are needed to assure that safe and quality care is given to children.

Programmatic support to short-term rehabilitation volunteers was also complex with their distribution in 18 institutions. Often Volunteers filled in journal entries/logs and filed reports. Reports are narrative, feedback using indicators upon which PCI could strengthen its programs was not uniformly reported.

PCI support to surgical teams and volunteers was reported to be adequate. The relationships between PCI and surgical teams are built on world wide agreements of PCI with its partners. Differences in expectations by partners were reported. Northwest Medical and Operation Smile reportedly have sought separate future agreements for work in Romania.

PCI project direction changed several times. Initially one international project Director, essentially without staff, managed the project for the first year. A four month interim manager from PCI HQ assumed responsibility in Romania until PCI placed a new director in early 1992. PCI hired a Coordinator of Volunteers, a second international staff person, in February 1992. Romanian national project staff now number ten. At PCI HQ, one full-time staff member focuses on Options recruitment and screening for Romania. Support from HQ on project management and systems development is not defined.

CONCLUSIONS

Many children remain in institutions who still need surgery. The highly visible, energetic intervention of PCI U.S. surgical and surgical support teams was a first stage effort to provide direct surgery and surgical support for care of these children and the training of Romanian medical personnel. These children now have a better life. Nine U.S. teams have operated on a relatively small number of children, 285 to date. This, coupled with the relatively small number of Romanian professionals trained, implies a high concentration of resources.

The choice of this method of intervention has implications for sustainabilty. Support to the U.S. teams required establishing processes and systems which were somewhat parallel to those of the MOH. MOH staff were hired for extra hours, and paid community "volunteers" and international Options volunteers were assigned to the designated pre post op care unit to supplement staffing. Sustainability cannot be hoped for without significant restructuring of this method of intervention.

If U.S. teams continue to be used in Romania, pre and postoperative clinical care procedures and protocols need to be written and used uniformly to assure that children receive safe, quality care. This is especially true when new procedures are introduced requiring specialized care. Procedures and protocols can be used to train staff, organize routines for care and provide consistency through a number of caregivers. It also allows the "home" institutions who send and receive back these children to understand the care given and any care they are responsible to provide.

Tracking systems are needed for operated children to assure quality care. Review of children receiving surgery under COR would provide information on their post operative condition and assess if surgery has helped their ability to be deinstitutionalized or to be rehabilitated if remaining in institutions. This would also help to dispel rumors concerning the loss of children from Romania.

Options volunteers are distributed widely and need a structured program in which to fit. They contributed to the improvement of the lives of children in Romania. The use of inexperienced volunteers would be enhanced by focusing their efforts in fewer sites under a structured program. Currently the broad array of inputs provides inconsistent assistance.

Building PCI project management strength is needed. Basic project management processes and systems exist but these do not currently allow effective project management. Strengthening of these systems and capabilities will be an investment in PCIs future work in Romania.

RECOMMENDATIONS

A major review of the clinical approach using U.S. surgical teams as in the past should be done. Changes and the experience of two years require a reassessment and restructuring to assure this approach best meets the needs of institutionalized children and Romanian medical personnel.

A reassessment of the Options volunteer program should be conducted. Review of experiences and redirection of the program should result in effective rehabilitation services for institutionalized children.

A system should be implemented for the tracking of children which received surgery to assess their status and need for additional care and rehabilitation. This should be done in close coordination with the MOH and other Ropmanian institutions.

Assistance in management strengthening should be provided by PCI HQ management experts or contracted consultants. Assistance in this area could include a clear project organizational structure/chart, defined job descriptions of staff and options volunteers, delegation of responsibilities to staff, and clear lines of responsibility, communication and reporting.

CENSUS ACTIVITIES AND DATA BASES

OBSERVATIONS

PACT issued a sub-grant of $5455. to Salvati Copiii, a Romanian NGO, in early 1991, to develop "The Study of Orphanages (Legane) in Romania", a database on all 8000 children in 0-3 year old institutions, and another of $17,264 to Ocrotiti Copiii to update this database in the Summer of 1992.

The survey is the result of cooperation between the Ministry of Health, Romanian Clearing House (RICH), Committee for the Support of Institutions for the Protection of Children, Romanian Committee for Adoption, Institute for the Care of the Mother and her Child, PACT, UNICEF, Romanian Orphanage Trust and Ocrotiti Copiii.

The survey questionnaire data were collected during site visits by data collectors who had been selected and trained by Salvati Copiii.

As of 30 June, 1992 there were 75 orphanages in 59 0-3 institutions/leaganes housing 8111 children (4223 males and 3888 females) ranging in age from 0-to over 5 years. Age is unknown for 190 of these children for whom there is no birth certificate. 3431 of these children, or 42% are over the age of 3.

The data are coded so as to guarantee the child's confidentiality, the date of birth, sex, date and means of entry into the orphanage, state of child's health, the parental situation and frequency of contact, discharge date and reason for leaving.

Also, in collaboration with Ocrotiti Copiii, PACT funded "Computer database for 'case de copii' orphanages for 3-18 year old children in Romania." The content of the survey questionnaire was developed in collaboration with the Ministry of Education, PACT and Ocrotiti Copiii. There are 178 homes for pre school and school age children with 27,117 children as of 15 June, 1992 (16,577 males and 10,540 females). This database was completed in September 1992.

The database questionnaire includes information such as vital statistics of children, health record, placements, children not attending school, delinquents, the AIDS situation in each institution, staff data, the material situation of each institution, humanitarian aid and technical assistance received, difficulties which institutions are facing and priorities for solving them.

A third project, "The Camine Spital database", started in December 1991. This was to address previously expressed needs of the Secretariat for the Handicapped and was developed in consultation with them to provide information concerning children in the 29 Camine Spital where some 4000 additional children are resident. In May of 1992 a field test was undertaken in Camin Spital Number 8 in Bucharest with Ocrotiti Copiii and State Secretariat representatives. After a number of discussions, the Secretariat declined the data base. The project has not been implemented to date.

Other data bases, such as the Brooke Foundation Health Status Inventory of Children in 0-3 Legane with data on the childs' medical condition and history, are in the formulative stages but are being planned independently. At present Brooke does not plan to integrate this into the existing MOH database.

PVOs report having used the existing databases to identify children or institutions with which they might work. To date none of the consortium partners have contributed any of the data collected from their various interventions to the MOH database.

UNICEF and the MOH, together with other ministries concerned with humanitarian aid, have established a database of basic information on international aid NGOs. The aim of this information is to assist organizations with planning, to promote coordination and cooperation and to assist ministries by providing them with information relating to activities of NGOs. A directory has been published which includes the names and addresses of 165 humanitarian aid organizations working in Romania of which 37 are identified as US in origin.

To support database development, computers, including PC's and laptops, have been supplied to various institutions and organizations by the COR. Software and training has also been provided. At

present much of this equipment exists as 'stand alone, and the development of 'local area networks' (LANs) needs to be encouraged.

The Brooke Foundation developed the'Romania Academic Network' (RAN) which has produced an electronic gateway to western computing networks. It is intended that this network include medical schools throughout the country. This project would benefit institutionalized children should the concept of linking of institutions with medical schools be implemented.

UNICEF, the Ministry of Health and the Institute of Mother and Child Care published the report "Causes of Institutionalization of Romanian Children in Leagane and Sectii de Distrofici," a population-based study with recommendations which was published in 1991. Given the value of these data bases, UNICEF has expressed interest in considering their continued funding.

UNICEF will also publish "Legane, A Staff Survey" in late 1992 and plans to undertake "Social Welfare Administration in Romania," a survey/mapping exercise in late 1992.

CONCLUSIONS

These databases are a major contribution to the GOR and those concerned with institutionalized children as it is the first hard data which has been collected on these children. It is information which can be used as a planning tool for both GOR and PVO/NGOs.

Holt International redefined its next stage after studying the survey. It is now clear that one priority area of intervention should be maternity hospitals. Such interventions could assist mothers in registering their children's birth, thus providing them with a legal status, and/or to counsel mothers regarding placement of their children. It is hoped that this preventive approach can reduce the number of children being abandoned or placed in institutions.

If these data are to be of value it must be kept up to date. This requires both financial and human resources which are not now available. For the time being, financial resources must come from outside of Romania. Although, trained Romanian personnel do exist, additional resources are required.

Some of the data are anecdotal and their value relative. For example, children's health status is somentimes based on untrained staff observations, the reason for the child's placement. The circumstances of the family, and the current legal status of the child have not been updated since placement. This indicates the need to improve the quality of data in future surveys.

PVOs in Romania should contribute information to these existing databases concerning institutions in which they are active and children with whom they work.

These databases can also serve as the basis for a more collaborative PVO approach to addressing children's needs. Rather than each organization working independently, these data could assist them to see issues which are integrated.

This information provides a basis on which the GOR may address, in an informed and systematic manner, changes in legislation and policy, staffing priorities, movement of children, etc.

The MOH database could provide the basis for establishing a tracking mechanism to follow children through the system. Such a mechanism does not presently exist. Additional databases are required to identify special needs children.

RECOMMENDATIONS

Funding and TA should be provided to support the updating of the data bases with the continued involvement of Ocrotiti Copiii. PVOs should contribute their data to existing databases.

In addition to current and back-issues of general medical journals which are being provided in hard-copy and electronically, pediatric, medical, child development and social work journals should be made available through existing information services.

PROJECT WIDE MANAGEMENT, MONITORING, INSTITUTIONAL SUPPORT AND SUSTAINABILITY

OBSERVATIONS AND FINDINGS

ORGANIZATIONAL STRUCTURE AND RELATIONSHIPS

Three agencies were initially involved in the COR project, PACT, PCI and WVRD. Three other agencies have received subgrants from PACT to carry out projects addressing "adoption and adoption-related concerns." COR was designed with the understanding that collaboration among the individual partners would contribute to the objective to improve the lives of institutionalized children in Romania who were under the care of the State.

The COR project was funded to address the immediate needs of the Romanian children. The establishment of systems would enable the provision of services to infant, child and adolescent populations in need and facilitate adoption of institutionalized children and other feasible alternatives to institutional care.

A cooperative agreement for 2 million dollars was signed in September 1990 with PACT as the lead agency of a consortium of agencies including PCI and WVRD. $500,000 was to be managed by PACT as a subgrant to strengthen Romanian institutional, legal, and procedural systens and processes for adoption and adoption-related activities.

This project is unusual in that it is a combined effort of the State Department and A.I.D. This factor distinctly influenced project goals and the choice of PVO partners.

PACT has extensive experience in leading consortia around the world and is registered with A.I.D. as an intermediary organization. A.I.D. has successfully used the consortium model around the world.

This Romanian Consortium was created at the direction of A.I.D. and had not been previously negotiated by the partners. Two of the partners consider themselves experienced PVOs and reportedly did not see the need for coordination or direction from another PVO. While it may have been believed by some that a consortium was the model of choice to undertake the COR project, this view was not initially shared by Consortium partners. This made the coordinating role of PACT as Consortium leader all but impossible.

Organizationally, the COR project appears to be two sequential projects; one before and one after the mid-term evaluation. During the first phase, two of the consortium partner directors were strongly individualistic and initially experienced some misunderstandings which impeded attempts at Consortium coordination. Willingness to collaborate appears much stronger in the second half. Although lack of coordination was identified as an obstacle in the mid-term evaluation it is now agreed by all concerned that, although there were certainly some missed opportunities, PACT managed the consortium satisfactorily given these circumstances.

PACT/Romania convened meetings of Consortium Project Directors throughout the life of the project. The PACT Project Director held more than 80 individual meetings with the three Consortium members in 1991, his strategy was to work with each agency individually as there was little desire among partners to collaborate.

Following the mid-term evaluation, the appointment of new Field Directors by two of the partners and a permanent Director by the third, a more collaborative and collegial atmosphere prevailed among Consortium members. In time, clinical staff as well as Project Directors began to meet and discuss their individual, but complimentary, programs.

Although exchanges between clinical staff improved, they were neither formalized nor institutionalized. Staff members of agencies are not always aware of each others program or objectives. This has not only presented a handicap to program development, but has also blocked cooperation among the various Consortium partners at times. Such cooperation would have enhanced each partners' components and provided for longer term benefits to children.

ROLE OF PACT IN THE CONSORTIUM

PACT wrote the original Project Implementation Plan as well as two revisions in May and December of 1991.

PACT wrote seven overview quarterly reports which were submitted to A.I.D. based on the quarterly reports submitted by Consortium members.

PACT wrote one annual comprehensive project report.

PACT coordinated the visits and itineraries of two A.I.D. Washington visits.

PACT prepared the Scope of Work for the two project evaluations, took administrative responsibility for developing the evaluation methodology, and coordinated logistics and support for the evaluation teams.

MONITORING

Monitoring activities undertaken by PACT include site visits to a representative sample of Consortium member's projects throughout the country.

PACT monitored the activities of the sub-grant recipients and worked especially closely with the Romanian national NGOs who were awarded sub-grants to develop databases.

IDENTIFICATION OF UNMET NEEDS

PACT was responsible for assessing the situation of all institutionalized children in Romania for the purposes of analyzing, reporting and developing projects to address the 'unmet needs' of these children.

It was understood that PACT would complement the programs of WVRD, PCI, and HOLT by providing additional emergency assistance to the children in the institutions for the handicapped by setting up a private fund for the children in these institutions and undertaking projects to improve the quality of life and care they received.

PACT created a "PACT fund" and raised $34,000 of which $20,000 was channeled through the French NGO EquiLibre for the purpose of fixing electrical systems in 4 of the 29 camine spital centers for handicapped children and the remaining $14,000 will be allocated shortly.

In collaboration with WVRD, PACT applied for a PL480 local currency grant to construct a free-standing addition onto the handicapped institution in Hirlau. This proposal was first initiated in the 5th quarter of the project and it is expected to be approved by A.I.D. in September 1992.

PACT received an amendment for $250,000 to the original project agreement to help the RAC and the CSCPI. As a result, PACT has provided TA, financed training for the Committees and officials responsible for child welfare from across the country, and provided the RAC with equipment such as computers, printers, typewriters, telex, fax, tv monitors and vcr.

SUPPORT ROLE OF A.I.D./USAID TO PROJECT GOALS

Adding to the difficulties of project start-up discussed elsewhere, the absence of an USAID/Bucharest presence was also a handicap. Arriving PVOs received mixed directions from a Consular staff deluged from all directions, including demands from Americans hoping to adopt children. One sentiment held was that A.I.D. and PVOs did not have a role to play in Romania. Consortium PVO arrivals corresponded with the first anniversary of the Revolution, and there was some concern that it might be marked by political unrest. Expatriates were advised to be out of the country during this period in December 1990.

The PVOs received mixed guidance. On one hand they were being urged to provide visible and immediate assistance to show that the United States was responding to the plight of institutionalized children in Romania. At the same time they were encouraged either to leave the country or not to come.

The opening and staffing of the office of the USAID Representative to Bucharest has enhanced cooperation among consortium partners and strengthened management and technical aspects of the project.

NGO FIELD AND HEADQUARTERS MANAGEMENT

PACTs Project Director states that he felt he needed more orientation and guidance concerning his management role prior to taking up his post in Bucharest. HOLT has expressed the need for more

management guidance from PACT concerning Holt's responsibilities to A.I.D., as this was the first grant Holt had received since the mid 1970s.

WVRD, PACT and PCI, the original consortium members, received grants under the original COR agreement. These three members signed a Memorandum of Understanding (MOU) in January 1991. However, HOLT was a sub-grantee. This different form of funding created a different feeling of responsibility towards PACT and the Consortium by the individual partners. HOLT, as a sub-grantee, understood and agreed to report to PACT as the Consortium Coordinator.

The Consortium was further weakened when a second round of funding awarded grants to WVRD and PCI while HOLT and PACT requests for additional funding were turned town. This sent a mixed message to partners concerning the value of the consortium.

The role and responsibility of PACT and its line authority was never clearly defined and no over-all project organizational chart was ever prepared. PACTS role to 'facilitate coordination' is too vague an objective to be measured.

There were differing expectations on the part of consortium members as to the role which PACT was to play. For example, an expectation of one PVO was that PACT would gather, synthesize and disseminate information concerning the activities of other NGOs and donors.
Even after the mid-term review no formal attempt was made to redefine the consortium and clarify roles, although recommended by the A.I.D. project officer in a memo dated 10 January, 1992.

With the management changes of the three partners, the PACT Project Director provided continuity to the consortium throughout the project.

All consortium members report that their previous experience in other countries and other regions did not prepare them to work in Romania and that the project was much more difficult to implement than anticipated.

ACCOUNTING AND FISCAL MANAGEMENT

Home offices provided budgetary control to each consortium partner and thus there was no financial control in the field. Each PVO partner Home office provided varying degrees of technical and managerial support to the Project Director and office. In some cases this support was not adequate to address the needs. However, in the second half of the project WVRD and HOLT received managerial TA which resulted in new organizational structures and new program directions. PCI, WVRD and HOLT have appointed experienced project Directors for the next phase.

SUSTAINABILITY

The project as designed and implemented followed a emergency rather than a developmental model. Developmental approaches do require modification for the special situation of Romania. The project's work has identified the need to work to develop and strengthen the larger system of child protection, health and child care. Short term efforts need to fit into a broader and sustainable context.

While it has been possible to demonstrate COR's feasible alternatives, make a difference in the lives of a number of children, improve the conditions in a number of institutions, COR has not been able

to establish the systems which would continue. COR has impacted only a very small percentage of the children in care and a small number of institutions throughout the country. With a short time frame, it cannot yet produce sustainability given the need for large range development of child protection systems and additional resources to continue them.

COR has demonstrated what is required in the way of programs and human resources if children in these institutions are to be cared for in a developmental manner or integrated in the community.

In the two years of the project, many new techniques have been introduced and Romanian staff trained. This is addressing an immediate need for skill training. However, the long term question of the certification of training programs and job security remains.

CONCLUSIONS

A consortium model was conceptually appropriate for the COR. Several NGOs cooperating with complementary projects under a COR/unified program was sound. Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management. The consortium should have been initiated and negotiated among involved PVOs before CORs start. The consortium's organizational structure, relationships, responsibilities, communications, reporting and financial management, etc were not defined, discussed and agreed upon at the onset of the project.

While the consortium has encountered difficulties from the beginning, a continued consortium effort is needed more than ever to coordinate the diverse PVO activities, to optimize their individual efforts, and to strengthen their impact on the children and institutions of Romania.

The management of the PVO projects has improved markedly since the mid-term review. Directors have been replaced and better management systems and tools introduced.

PACT provided continuity to COR during the life of the project as it is the only organization which did not replace its director.
While there is agreement that PACT has done a satisfactory job as consortium coordinator under the circumstances, opportunities were missed in which consortium functioning and impact might have taken a different course earlier on.

Romania proved to be a very complex situation for which their was no precedence. It is only now, at the end of the project, that PVOs are beginning to make the advances which, under other circumstances, might have rightfully been expected to occur earlier.

The GOR systemic change required to facilitate deinstitutionalization of children is only beginning to be put into place. The results of the consortium PVOs are only now within achievable reach. The various ministries, committees, local authorities and institutional personnel require ongoing assistance if these changes are to be implemented. Through this process, individuals and institutions are learning the mechanics of the democratic process.

Management tools and processes such as organigrams, job descriptions, work plans, financial management, problem solving, conflict resolution, channels of communication, leadership, etc. need

to be clearly defined and consolidated into future project design to assure better project management from the beginning.

It is imperative that inter-PVO communication take place not only among Project Directors, but equally importantly among mid-level managers and clinical staff to discuss their respective programs and pursue areas of collaboration and cooperation.

Although the initial understanding was that all COR partners would work in each site chosen this did not happen, making cooperation all but impossible. There were no defined nor consistent criteria for the selection of project sites. The choice of sites was too diverse given communication and transportation difficulties in Romania.

RECOMMENDATIONS

A.I.D. should continue to encourage and support consortia as one important method of development assistance which potentially enhances a more efficient use of resources. Consortia can and do strengthen development efforts through the shared use of human and material resources and through a cooperative approach to project management. Partners in consortia should be self selecting, and in agreement with the shared aims of a project and the management structure (including organizational chart, leadership, job descriptions, problem solving, conflict resolution, financial management, channels of communication, etc.).

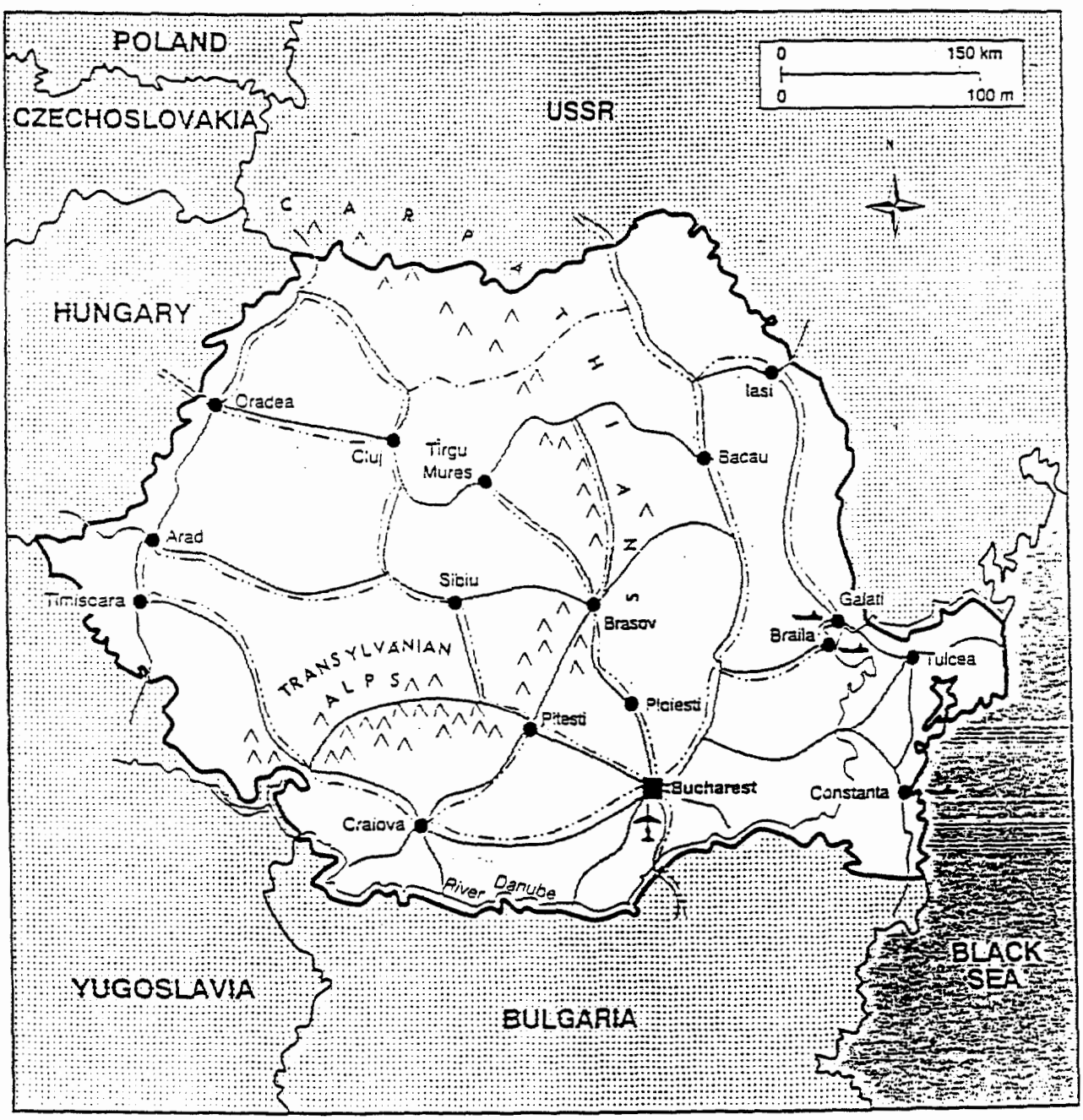
PVOs working in Romania should embrace a more cooperative approach to working with COR to enhance their individual efforts and to strengthen their impact on the child care system. To date the project has impacted a great many areas but a small number of institutionalized children while identifying systemic weaknesses which continue to inhibit their efficient and economic resolution. By sharing their expertise and experience, the impact of PVOs would multiply and be more far reaching. A cooperative approach would provide Romanians with a necessary and valuable model of a systems approach to child care.

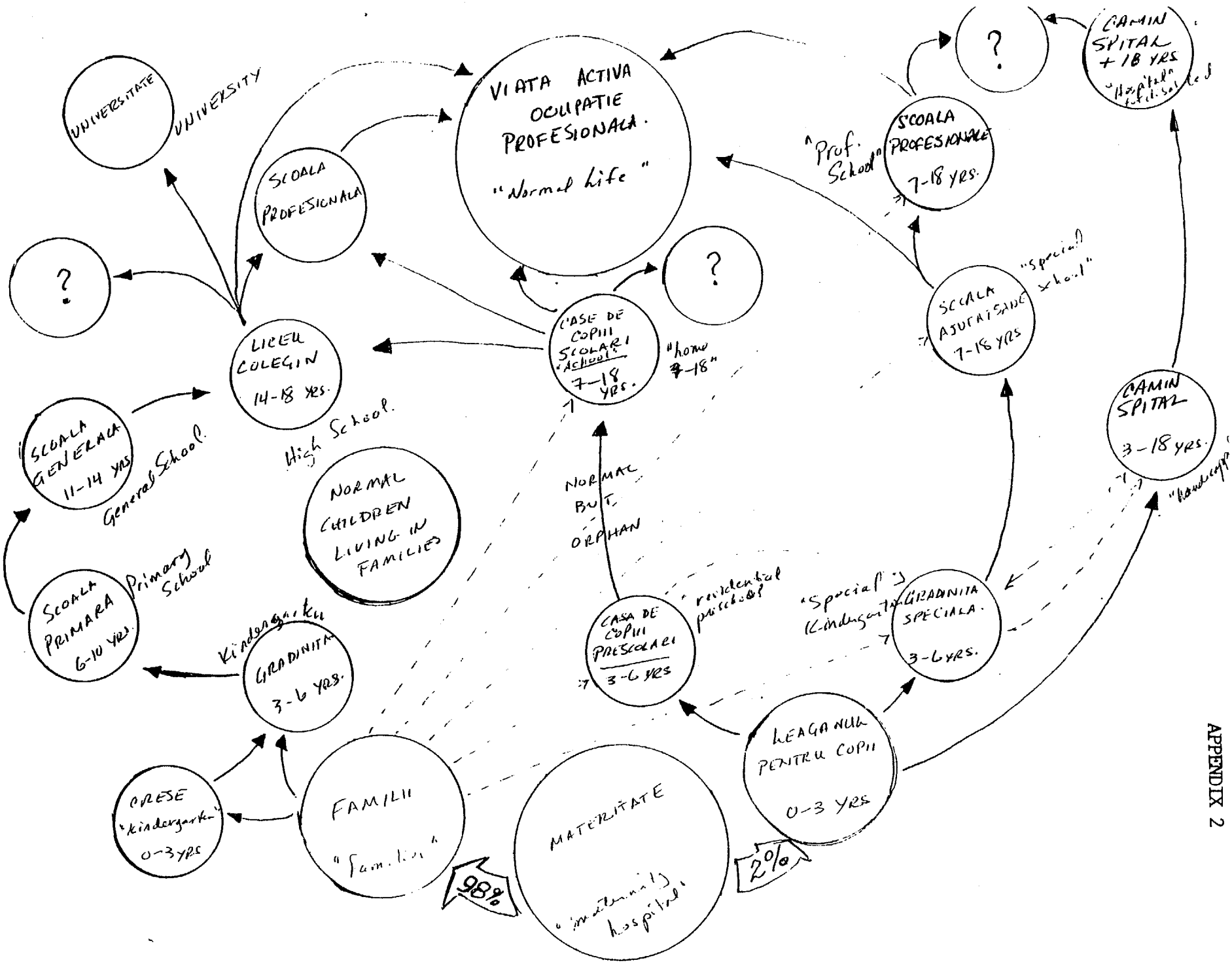
APPENDICES

1. Map of Romania
2. Flow of Children Diagram
3. Significant Events
4. Causes of Institutionalization of Romanian Children
5. WVRD Achievement Indicators
6. WVRD Accomplishments
7. Final Evaluation SOW
8. Overview of Conditions in Romania
9. Glossary

ROMANIAN ORPHANS SOCIAL EDUCATIONAL SERVICES PROJECT (ROSES)

ATTACHMENT MAP OF ROMANIA




UNIVERSITATE
UNIVERSITY
VIATA ACTIVA
OCUPATIE
PROFESIONALA.
"Normal Life"
?
CAMIN SPITAL + 18 YRS
"Hospital" for Social Cases
SCOALA PROFESIONALA
"Prof. School"
7-18 YRS.
SCOALA PROFESIONALA
?
?
SCOALA AJUTATOARE
7-16 YRS
"special school"
LICEU COLEGIU
14-18 YRS.
CASE DE COPII SCOLARI
"School"
7-18 YRS.
"home 7-18"
CAMIN SPITAL
3-18 YRS.
"Handicap"
SCOALA GENERALA
11-14 YRS
General School
High School
NORMAL CHILDREN LIVING IN FAMILIES
NORMAL BUT ORPHAN
SCOALA PRIMARA
6-10 YRS.
Primary School
Kindergarten
GRADINITA
3-6 YRS.
CASA DE COPII PRESCOLARI
3-6 YRS
residential preschool
"special" Kindergarten
GRADINITA SPECIALA.
3-6 YRS.
CRESE "kindergarten"
0-3 YRS
FAMILII
"family"
98%
MATERNITATE
"maternity hospital"
LEAGANUL PENTRU COPII
0-3 YRS
2%

APPENDIX 2

Significant Events
PACT Consortium COR Project

▸ RFA for Romania COR Project Issued	Early Summer 1990
▸ First PACT Proposal for COR project submitted	July 1990
▸ PACT COR Proposal Accepted	August 1990
▸ PACT Consortium Project officially starts	Sept. 20 1990
▸ Development of MOU	Fall 1990
▸ Interim PACT Field Director arrives	Oct. 5 1990
▸ PCI Field Director arrives	Nov. 8 1990
▸ PACT Permanent Field Director arrives	Dec. 4 1990
▸ Original COR Project Implementation Plan	December 1990
▸ RFA for Adoption issued by PACT	December 1990
▸ Adoption proposals due	Jan. 4 1991
▸ UNICEF Rep. arrives	Jan. 1 1991
▸ Holt selected as subgrantee	late Jan. 1991
▸ 1st PCI teams and volunteers in Romania	Jan. 1991
▸ Creation of Romanian Committee for Adoption	Feb. 1991
▸ 1st Revised Implementation Plans	May 1991
▸ Original PL480 Proposal	April 1991
▸ Original PACT subgrant for 0-3 database development to Salvati Copiii	April 1991
▸ Suspension of International Adoptions	July 17 1991
▸ PCI Field Director Replaced	Sept. 1991
▸ Mid-Term Evaluation completed	Sept.-Oct. 1991
▸ 1st PACT Consultant works with Romanian Adoption Committee under Amendment	October 1991
▸ PACT Management Review	Dec.-Jan. 1992
▸ Staffing AID/Bucharest strengthened	Dec. 1991
▸ World Vision Management Review	Jan. 1992
▸ Salvati Copiii designs two additional databases	Winter/Spring 1992
▸ Holt selected as one of the adoption agencies	Jan. 1992
▸ New World Vision Director arrives	March 1992
▸ Updated 0-3 database completed - Ocrotiti Copiii	July 1992
▸ New Holt COR Director arrives	May 1992
▸ State Secretariat for the Handicapped declines database approval	July 1992
▸ No Cost Extension approved	August 1992
▸ MOE 4-18 Database completed by Ocrotiti Copiii	August 1992

CAUSES OF INSTITUTIONALIZATION OF ROMANIAN CHILDREN IN LEAGANE AND SECTII DE DISTROFICI

REPORT OF A POPULATION-BASED STUDY WITH RECOMMENDATIONS

MINISTRY OF HEALTH
GENERAL DIRECTOR FOR MEDICAL CARE
OF MOTHER, CHILD AND TEENAGER

INSTITUTE OF MOTHER AND CHILD CARE

UNITED NATIONS CHILDREN'S FUND

December 1991

EXECUTIVE SUMMARY

There are approximately 700 institutions for children in Romania including 112 institutions for children age 0-3: *leagane* and *sectii de distrofici*. Administration of *leagane* and *sectii de distrofici* is the responsibility of the Ministry of Health.

Leagane are long-term, residential care institutions. They are not orphanages *per se*, but rather 'child homes' - institutions where parents may place their children in temporary, or permanent care. *Sectii de distrofici* are hospital departments for the care of children with 'dystrophia' (protein/calorie malnutrition).

Most children in the other types of institutions (institutions for older or handicapped children) were referred there from *leagane* and *sectii de distrofici*. Therefore, the prevention of long-term institutionalization and the detrimental effect that has on children, their families and society, must begin with the prevention of institutionalization of the very young.

The population of children in *leagane* and *sectii de distrofici* has not been characterized previously in a systematic way. Nor is it well understood how these children came to be institutionalized, or what their possibilities are for discharge. Accordingly, the objective of this study was to determine: the characteristics of children in *leagane* and *sectii de distrofici*; the sources of referral for institutional care; the reasons for referral; the length of time in institutional care; and how many children currently are eligible for discharge.

A country-wide, cross-sectional survey was conducted. 628 children were included in the sample: 418 in *leagane* and 208 in *sectii de distrofici*. Interviews were conducted with directors and staff of institutions. The medical and social records of each sampled child were reviewed. Each sampled child was given a brief medical and developmental evaluation.

Key Findings

In general, the children in Romanian *leagane* and *sectii de distrofici* are medically fragile. They have one or more chronic health conditions. Their families have multiple, complex social problems. They are the children of the most economically vulnerable subgroups of the population: young, unmarried or single mothers; the physically or mentally ill; Gypsies; and those who have low educational attainment and thus little hope of finding gainful employment or of improving their living conditions.

Having too many children, a child out of wedlock, or a handicapped child appear to be powerful reasons for institutionalization. Few children are truly abandoned although many more are so classified.

Dystrophia is the most important medical reason for referral to institution. Dystrophia may be either primary or secondary, the former resulting from protein/calorie malnutrition and the latter from prematurity, low birthweight, failure to thrive or an underlying health condition.

The referral to institution almost always involves a paediatrician. Children are referred primarily from paediatric and maternity hospitals. Few are referred from community sources (e.g., home or dispensary). The local authorities (mayor's office) issue *pro forma* approval for the decision to place a child in an institution. The law calls for a social inquiry to be made but rarely is someone qualified for the task involved since such people are few in number.

Regardless of their intended function, both *leagane* and *sectii de distrofici* have become institutions for residential care of children with chronic disease or handicap. While the children in the two types of institutions differ with respect to age distribution and the prevalence of certain health conditions, their social problems are essentially the same.

It is likely that the majority of children currently in *leagane* and *sectii de distrofici* will remain in institutional care. About a third are candidates for adoptive placement or foster care or return to their parents.

Recommendations for Restructuring Care in Institutions

It is recommended that future policy decisions concerning *leagane* and *secti de distrofici* be based on the concept of 'most appropriate placement'. Whenever possible, the most appropriate placement for a child is with his or her family. When this is not possible, placement with an adoptive or foster family is far preferable to long-term institutional care.

For those children who must remain in an institution it is absolutely vital that they are cared for as whole persons. Care for children in Romanian institutions has focussed primarily on medical needs to the detriment of social, emotional, and developmental needs.

A number of creative ideas for the re-organization of *leagane* are being discussed. One proposal is to re-organize the *leagane* into 'family-like groups': small groups of children would live together and be cared for by primary caregivers. The idea of the 'open institution' where children would leave each day to attend school programmes with non-institutionalized children has also gained some ground recently.

Leagane directors are now delaying the transfer of children in their care until age 6. Efforts to upgrade the training of staff in institutions will need to take this into account. Educational programmes for children must cover a wider range of skills and be appropriate for children with physical handicaps, chronic disease and mental retardation.

Recommendations for Prevention of Institutionalization

Compromised parent-child attachment can lead to abandonment, child abuse and neglect, failure to thrive, depression and mental illness in later life, maternal feelings of incompetence, postpartum depression, and developmental delay. The organization

of hospital maternity and paediatric services in Romania impedes the normal development of secure mother-child attachment by separating the mothers from their children.

Children should not be referred to hospital unless it is absolutely necessary. Most childhood ailments can be easily treated at home with the support of community physicians and visiting nurses. Factors which lead to unnecessary hospitalization will need to be removed before this can happen. For example, essential drugs must be available in local pharmacies and health care centres and primary care centres must have the basic equipment needed to handle the bulk of routine paediatric care.

Simple, low-cost interventions aimed at re-organizing hospital maternity, newborn and paediatric services would be a step in the right direction towards reducing the negative consequences of hospital care on the mother-child relationship. Rooming-in, encouraging demand breastfeeding, and allowing parents 24 hour visiting privileges during their children's hospital stay are strongly recommended by UNICEF, the World Health Organization and the European Parliament.

Low birthweight contributes substantially to the overall incidence of dystrophia, a main factor leading to institutionalization. A comprehensive programme for the prevention of low birthweight would help decrease the need for long-term hospitalization and institutional placement. The components of a low birthweight prevention programme include: family planning services and decreased reliance on abortion as a means of family planning; screening for and treatment of sexually transmitted diseases and other gynecological infections; nutrition services for pregnant women including dietary supplementation; and basic prenatal care. Breastfeeding promotion and health education to discourage maternal smoking and alcohol use are a part of a comprehensive programme.

It is also necessary to re-structure and modernize available community support services for families with children. Home visiting nursing services for families with newborn infants should be upgraded. Low cost or free child care for working mothers using the creche system should be provided. Regular schools and kindergartens might develop special education programmes for handicapped and retarded children living in the community.

A management information system will become increasingly important as plans to de-institutionalize children become reality. 'Tracking' information should be able to tell managers how many new admissions to institutions are there every year, how many re-admissions are there and for what reasons, who is in foster care, where are they going to school, how many finish school, and where are the trouble spots in the system - the districts or municipalities where local personnel seem to be having difficulty getting children out and keeping them out of institutions.

COR Project, Craiova – Achievement indicators

Situation at start of project	Changes achieved by August 1992
Staff interest in WV's activities was variable and there was some reluctance to accept new practices.	By February 1992, the WV staff noted that staff were showing an increased interest in WV's work, asking questions and making some changes in their own care practices.
Systematic care planning was weak, and the multidisciplinary approach was not used.	The orphanage's first case conference was organized on February 11, and they are now held fairly regularly.
<u>Parter (Ground Floor)</u>	
Children were very active, but with little verbalizing.	There has been a marked increase in general communication and verbal play.
The children's environment lacked stimulation. Cots and woodwork were white, and there were no drapes at the windows.	All cots are painted bright colors. The windows have been painted and drapes hung.
Educators and other staff tended to concentrate on older children to the detriment of younger children.	Staff have improved slightly in paying attention to more children, but still do not give equal time to all.
Feeding times were extremely noisy. Children ate from deep metal bowls.	Children are more settled at mealtimes. They now have shallow scoop plates.
<u>Premature Unit II</u>	
Children were never turned on their stomachs, and were turned on to their backs immediately if rolled over by WV staff.	Infirmiere will accept having children on their stomachs. A study shows approximately 50% of children prone.
Children had no cot beads or other stimulation.	The majority of cots have beads, but the infirmiere are still inconsistent in putting them within reach of babies.
There were no name labels on cots and babies were switched from cot to cot.	Babies now have name tags and remain in the same cot. This is also done well in the Quarantine Section.
Children were never allowed on the floor for play.	There are mats in every room. In one room, the babies are put on the floor regularly for play.
<u>Etaj II (Second Floor)</u>	
Children were left in their cots all day.	More equipment has been provided, and staff put children into seats/walkers. They will now allow WV/TRUST workers to put children on the floor for play.
All children were bottle fed.	Deep bowls are increasingly used, but mealtimes are still hurried.
The environment was bare, colorless and lacking stimulation.	All cots and hallways have been painted and more toys are available, although they still tend to go missing.

COR Project, Timişoara
Achievement indicators

Situation at start of project	Changes achieved by August 1992
Staff from Orphanage Number 2 reported that children from Number 1 (the WV site) generally were unable to feed themselves or walk independently when they were transferred there at 3 years.	26 children vocalize, 5 use one or more words; 21 feed independently; 13 walk with help; 37 walk independently.
The children made few sounds except crying.	Children verbalise far more, produce a variety of sounds, and attempt to imitate specific sounds/words. Some use several words. Happy laughter is common.
Sterotypic behaviour, self-stimulation, self-injury, apathy, passivity and dull expressions were common.	Sterotypic and other disturbed behaviour patterns have decreased. Children are brighter, more out-going and more alert.
Children were not allowed soft toys in bed, and were not helped to sit up.	Rules have been relaxed to allow soft toys, and children's positions are now changed to prone and sitting.
Only a few favourite children were ever allowed out of bed. They were never allowed on all fours to crawl.	All children spend some time out of bed each day, although favourites still have more opportunities. Crawling is common. Staff are beginning to take babies into the hall or playroom, and permission has been given for a daily stimulation program with children being taken out of bed.
Very few children had the opportunity to go outside.	All children in Section B go outside at least once a week in fine weather. There is now a fenced-in garden with playground equipment.
Bottle-fed babies were not held.	Some staff now hold babies for feeding.
Most children were fed in bed, often using one bowl and spoon for 2 - 3 children. They were not taught to feed themselves.	On weekdays, spoon-fed children, almost without exception, sit at tables or feeding chairs. They each have their own bowl and spoon. In Section B, all children over 1 year are taught to hold their spoons. A feeding program was started in Section A in February 1992; 12 children now feed independently.
Children were not given drinks between meals.	Staff now understand the importance of liquids, and cups have been provided in all rooms.
There was little effort to teach children to walk.	Walking rails have been set up and efforts to teach walking at an earlier age have started.
There was very limited interaction between staff and children, except for favourites.	Staff now talk and sing to children, and show more warmth.
The Premature Unit had insufficient equipment such incubators and phototherapy lights.	WV supplied fifteen incubators and phototherapy lights.
Used syringes, needles and swabs were left where children could take them. Blood sample sites were left to bleed.	Disposal of needles and other hazardous items immediately after use has improved. Sample sites are covered with a plaster.
Staff were wary of outsiders and resistant to suggestions for change.	WV and orphanage staff now have an open and friendly working relationship.

APPENDIX 6

WORLD VISION ROMANIA

ACCOMPLISHMENTS TO DATE SUMMARY 20 August 1992

		Iași[1] 1 + 2	Bucharest	Cluj	Constanța PC3/IDH	Timișoara	Craiova	Total
GOAL I	Initial Development tests:	220 DII, 11 Gsell.	192 DII	46 Bayley	126 DII, 16 Bayley	29 DII, 30 Bayley	30 DII, 18 Bayley	638 DII, 103 Bayley, 11 Gsell
	Review Development tests:	50 DII; significant gains.	31 DII; significant gains.	78 Bayley; significant gains.	56 DII	12 DII	41 DII 10 Bayley	193 DII, 88 Bayley; significan gains.
GOAL II	Children with direct interventions[2]:	263	97	78	256	96	85	793
	Children benefitting indirectly:	259	403	78		215	450	1,405
GOAL III	University contacts:	CWRU; North Carolina, PSI program developed.	Georgetown; CWRU; North Carolina	Washington; Cluj, 8 psychology students work at orphanage.	CWRU; New Jersey, lectures on AIDS by Dr Mark Mintz, 2 doctors to US.	UCLA, psychological assessments of children; CWRU, doctor sponsored on conference. 3 staff to Sweden	Auckland, New Zealand, 3-month visit by orphanage psychologist	
GOALS IV/V	Development milestones[3]							
	Children vocalise:	Data	37	29	19	51	90 NB: For	
	Children use 1 or more words:	not	11	21	19	12	8 premature/	
	Children eat from spoon:	available	8	29	19	73	12 AIDS	
	Children feed independently:	at	6	18	19	30	30 children,	
	Children sit unsupported:	present	36	29	19	63	20 milestones	
	Children stand with support:		16	29	19	64	20 not	
	Children walk with help:		16	29	2	25	2 appropriate.	
	Children walk independently:		12	23	17	23		
	Children attend pre-school/school		7	17	19			
GOAL VI	Staff training[4]							
	Informal:		70 staff	25 staff	28 staff	60 staff	50 staff	233
	Lectures:	40 staff	70 staff	35 staff	43 staff	5 staff + 40 nursing students	7 staff + 90 *medical* + 6 nursing students	296
	Total[5]:	40	70	35	43	100	146	434
	WV-sponsored study trips:	Psychologist Logoped 4 doctors	Psychologist 2 doctors	2 doctors	3 doctors	Head *nurse* 2 doctors	Psychologist	18
GOAL VII	Community care-givers working:	40	18	28 + 4 *educators*			4	94

[1] Since April 1992, the Iași site has been managed by the Brooke Foundation. It is still funded by WV, and progress is still reported as part of the WV programme, although complete figures are not available at preser

[2] These figures will be an under-estimate, as there was some turn-over of children at each site. This has been taken into account at Constanța and Craiova, where turn-over was particularly high.

[3] Appropriate development milestones vary from site to site dependent on the stage of development of the children at the start of interventions. These figures are only a general indication of progress, and will be an under-estimate as they have only been systematic since March 1992. Only the last in a series of milestones is recorded, eg children feeding independently are not recorded as having progressed from bottle to spoon feeding.

[4] It is difficult to be precise about numbers of staff receiving training, as various different courses were offered at each site and there was some overlap of staff attending. These figures are a best estimate.

[5] In some cases, the same staf received formal and informal training. The total is not a simple summation.

SCOPE OF WORK FOR THE FINAL EVALUATION
P.A.C.T. CHILDREN OF ROMANIA PROJECT
ANE 0001 - A - 00 - 0055 - 00

This document presents information under the following headings:

Background
Purpose of the Evaluation
Project structure and relationship
Scope of Work
Qualifications of the Evaluation Team
Period of service and scheduling
Relationships and Responsibilities
Preparation for the evaluation

BACKGROUND

This "Children of Romania" project is funded under the statute authorization entitled "Humanitarian Assistance for Armenia and Romania" in Title III of Public Law 101-302. The purpose of this law is to address "the immediate needs of the Romanian children through the establishment of systems within the Romanian health services infrastructure (both public sector and, to the extent possible, with appropriate private institutions) which will enable the provision of physical, psychological, and social rehabilitation services to infant, child and adolescent populations determined to be in need; and facilitate adoption of institutionalized children and other feasible alternatives to institutional care." The cooperative agreement in the amount of $2,000,000 was signed in September 24,1990 with PACT (Private Agencies Collaborating Together), the lead agency of a consortium of agencies including Project Concern International (P.C.I.) and World Vision Relief and Development (WVRD). Of the $2,000,000, $500,000 is to be managed by PACT as subgrant funds to strengthen Romanian institutional, legal, and procedural capabilities toward adoption and adoption-related concerns. At the time of the cooperative agreement signing, WVRD was already operational in Romania. PACT became operational on October 6,1990 when its interim field director arrived in Romania, and PCI International became operational when its field director arrived in Romania in early November 1990. In December 1990 requests for proposals for the adoption and adoption-related activities were sent out by PACT, and in January 1991 Holt International Children's Services was selected to implement this component as a subgrant. As an on-going part of this project, PACT manages a subgrant fund of approximately $40,000 for grants to Romanian NGO's working on projects related to the overall objectives of the "Children of Romania" project.

Although there are six agencies directly involved with this Project,the three initially involved(PACT, PCI and World Vision) and the three subgrantees (Holt International, Salvati Copiii and Ocrotiti Copiii) the project has only one goal: to improve the lives of institutionalized children in Romania who are currently under the care of the state. This goal is to be accomplished through activities in two thematic areas: (A) the rehabilitation of medical training

and services and (B) permanency planning solutions as described in the Project Revised Implementation Plan. The activities conducted under (A) will primarily be accomplished through the efforts of World Vision, Project Concern International and PACT, while the activities conducted under (B) will primarily be accomplished through PACT and its subgrantees: Holt International Children's Services and Romanian NGO's such as Ocrotiti Copiii. Although the efforts of the six individual agencies can be seen as separate from one another, all their projects relate to the above-stated themes, and taken together approximate a unified program of activities directed towards the short-term and long-term needs of the institutionalized children in Romania.

WVRD is to establish four teams of child development specialists to work at four sites.

The child development teams will provide direct services to children and training to the professional and paraprofessional staff at the targeted institutions in skills such as developmental assessments, AIDS treatment and care, and physical and occupational therapy.

These teams will enhance the long-term quality of care for institutionalized children by increasing the skills of faculty and students in Romanian academic and health service infrastructure. This is to be done by linking university faculty and resources of medical schools in Romania with those of universities and child development centers in the U.S.

PCI will support four medical teams per year to work with Romanian counterparts to treat physical conditions and handicaps of institutionalized children, performing evaluations and evaluations and surgeries including ophthalmologic, plastic, orthopedic and ear, nose and throat. Volunteer surgical support teams will also be used to provide direct and post operative care and train Romanian counterparts. In addition, volunteer specialists will work with institutionalized children and help train orphanage staff in such areas as physical therapy and special education.

PACT will complement the programs of WVRD, PCI and Holt International and the U.S. Government by providing additional emergency assistance to the children in the institutions for the handicapped.

PACT will set up a private fund for the children in these institutions, and undertake projects to improve the quality of life and care they receive.

In January 1991 PACT awarded a subgrant of $325,000 to Holt International "to address adoption and adoption-related concerns." Other subgrants have been given to Romanian NGO's, Salvati Copiii and Ocrotiti Copiii, to create databases on children in three major types of Romanian orphanages.

The Holt subgrant component involves the recruitment, selection, training and supervision of approximately 44 social assistants who will be attached to institutions. Holt will have four American staff who will supervise the Romanian staff, providing the initial training as well as on-the-job training. These social assistants will visit the families of orphanage children and do

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permanency planning work with them according to GOR priorities. The Holt component will also explore alternatives to institutionalized care, such as foster care programs, and work with the Romanian Committee for Adoption (RAC) to strengthen their capacities in adoption legislation, practices and procedures.

PACT will also manage the $250,000 amendment to the "Children of Romania" cooperative agreement for the purposes of providing the Romanian Adoption Committee (RAC) with the necessary technical expertise, training and office equipment to enable them to develop an efficient permanency planning and adoption system in Romania.

As the Consortium leader, PACT will be responsible for central coordination between participating entities (such as U.S.A.I.D., the Citizens Democracy Corps, U.S.P.V.O.'s, and the Peace Corps). PACT is to be the primary liaison with the Government of Romania for the activities of this project, and will manage sub-grants to fulfill project goals.

PURPOSE OF THE EVALUATION

PACT has served as the leader and coordinator of the Consortium for a two year experience " Children of Romania" Project. This Project has provided a significant quantifiable number of child welfare and rehabilitative services. It has also provided valuable information and experience for future USAID and USG efforts in Romania.

The evaluation will assess the impact and the progress towards achieving Project goals, objectives, and the quantity and quality of services provided by the Project in the areas of child welfare and child rehabilitation, including deinstitutionalization. The evaluation of the Project will be in reference to the goals of the Project as stated in the Revised Project Implementation Plan and in this Scope of Work. A brief understanding of the history of the Project as a result of the political, economic and social changes in Romania since the funding of the Project shall be included as part of the Final evaluation document.

Included are surgical and surgical support services, testing and therapies for rehabilitation and services related to adoption. The Project management and coordination structure, Consortium systems and processes will also be assessed for their support to Project development and implementation.

Positive and negative lessons learned from the Project should be stated.

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The evaluation will be analytical, and not just descriptive in approach. It will focus on an analytical assessment of the technical and managerial components and processes of the Project. It will analyze the trends in quantities of services and Project Consortium abilities to meet future needs. The evaluation will also analyze the decisions and approaches used by the Consortium members and define factors which contributed effectively to the Project's success and outlining the project organizational structure and relationships among NGO's, GOR ministries, USAID, international donors and others.

PROJECT STRUCTURE AND RELATIONSHIPS

As stated in the BACKGROUND section, three agencies were initially involved in the project (PACT, PCI and World Vision) and three agencies have received subgrants from PACT to carry out projects addressing "adoption and adoption-related concerns." The goals of the Project may be divided into two thematic themes: (A) the rehabilitation of medical training and services and (B) permanency planning solutions, as described in the "Children of Romania" Project Revised Implementation Plan. The activities conducted under (A) will primarily be accomplished through the efforts of World Vision, Project Concern International and PACT, while the activities conducted under (B) will primarily be accomplished through PACT and its subgrantees: Holt International Children's Services and Romanian NGO's such as Ocrotiti Copiii.

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SCOPE OF WORK

The following major Project components and issues are to be addressed by the evaluation team working jointly with consortium members and Romanian counterparts.

A) REHABILITATION OF MEDICAL TRAINING AND SERVICES

1) SURGICAL TEAM INTERVENTIONS

* Review the initial Project and later surgical program needs assessments . Evaluate the appropriateness of the surgical intervention program implemented based on needs identified and resources available. Identify any crucial factors which may call for changes in surgical program approach in the future.

* Compile data of direct and indirect beneficiaries of surgical interventions. Analyze data and define trends in meeting established Project goals and other identified needs.

* Assess appropriate balance of direct surgical services provided by U.S. teams and those Project efforts directed toward the goal of improving Romanian physicians' surgical skills.

* Define attitudinal changes of medical and child welfare personnel and changes in Romanian institutional responses to needs for rehabilitation of institutionalized children which have been influenced by/resulted from surgical interventions and broader Project inputs. Identify additional changes needed and possible approaches for inclusion in future projects.

* Review surgical equipment and supplies chosen for use in Romania and Project system developed to ensure consistent availability. Assess appropriateness and sustainability of those equipment and supplies chosen.

* Assess systems for the identification, management and support of surgical teams and programs. Outline additional support needs and approaches to increase productivity and meeting of Project overall goals.

2) SURGICAL SUPPORT INTERVENTIONS

* Analyze compiled data of direct and indirect beneficiaries of surgical support services. Define trends of these services and compare to projected targets.

* Assess effectiveness and appropriateness of techniques, protocols, equipment and personnel used for pre and post operative support

* Evaluate the integration of surgical and surgical support teams and services for comprehensive care of institutionalized children.

* Assess the sufficiency of surgical support services for pre- and post operative care of institutionalized child population of Romania. Outline potential for future expansion based on projected needs and needs for integration of surgical and surgical support services.

* Assess systems for identification, management support and coordination of surgical support teams and programs. Identify programs for future needs.

B) PERMANENCY SOLUTIONS

1) OVERALL PERMANENCY SOLUTIONS COMPONENT

* Assess the appropriateness and effectiveness of technical approach and specific developmental tests used and their adaptation for developmental testing. Assess treatment regimes and placement alternatives defined. Outline any changes appropriate for the future.

* Review compiled data of direct and indirect beneficiaries of this component, i.e. for child rehabilitation, including deinstitutionalization and adoption. Identify quantities of services delivered, children served and trends in family reunification, rehabilitation including deinstitutionalization, and adoption. Compare these to established Project targets, estimate future needs.

* Assess the approach used to increase the capability of child welfare personnel and related university faculty and students to implement child rehabilitation and deinstitutinalization, including increased staff planning and implementation capabilities.

* Assess the adequacy and documentation of the process for the interchange of information on child welfare/child rehabilitation, including deinstitutinalization interventions. Identify interest and need for future increased sharing of information.

* Analyze the indirect effects of U.S.-Romanian university technical interchange programs on overall Children of Romanian Project implementation. Identify additional needs for close integration in the future.

* Assess effectiveness of assistance to Romanian agencies/commission to develop programs and implement activities for child placements.

* Assess and document the effects of this project on other programs of consortium members and programs of other NGO'S

2) FAMILY REUNIFICATION AND ADOPTION

* Assess appropriateness of adoption goals and targets and needed changes in future.

* Identify and assess improvements in adoption legislation, practices and procedures influenced by the Project. Assess additional needed changes and factors to facilitate these changes.

3) REHABILITATION INCLUDING DEINSTITUTIONALIZATION

* Review overall Project approach for physical, psychological and social rehabilitation of institutionalized children. Assess appropriateness and effectiveness of approach and inputs and identify results of these.

* Analyze compiled data, establish direct and indirect beneficiaries. Compare with targets established. Outline remaining needs.

* Assess effectiveness of the training and supervision of Romanian social assistants on permanency planning, including family reunification and adoption.

4) OTHER REHABILITATION PROGRAMS

* Assess approach and effect of complementary rehabilitation programs, i.e. leveraging of funds for physical rehabilitation of facilities, development of proposals for additional goods and services, etc.

CENSUS ACTIVITIES AND DATA COLLECTION FOR PROGRAM SUPPORT

* Assess broad purpose of census survey and other data collection and analysis efforts. Identify future potential for expanded use.

* Review data compiled by PACT and NGOs (for direct and indirect beneficiaries) within each major component for trends in the delivery of care.

* Outline PACT and NGOs process for use of data collected for decision making. Outline potential for future use.

PROJECT WIDE MANAGEMENT, MONITORING AND INSTITUTIONAL SUPPORT

* Adequacy and appropriateness of the initial program assessment to establishment Project directions and approaches. Adequacy of the process of early review and reprogramming by PACT and the Consortium based on the lessons learned from initial Project experience.

* Assess appropriateness and effectiveness of Project organizational structure and relationships between PACT, Consortium members, USAID, GOR and define and discuss factors which helped to establish productive working relationships. Outline adjustments needed in the future.

* Identify significant Romanian and international social and political factors which influenced the technical design of the Project. Identify methods to merge technical and other factors for most beneficial future project design and implementation.

* Assess overall Project planning and process for Project management and monitoring and effectiveness of these to reach project goals. Outline any future changes and adjustments needed.

* Assess accounting and fiscal monitoring system and its use. Outline changes to streamline system.

* Identify contributions of TAG discussions and recommendations to Project and process and effect of their implantation within Project.

COORDINATION WITH OTHER NGOs AND OTHER INTERNATIONAL DONORS

* Assess effectiveness of the Project's "system of NGO coordination" developed for the larger NGO community. Identify adjustments to address future expanded needs for NGO coordination.

GOVERNMENT RELATIONS

* Assess approach and effectiveness of activities to strengthen Romanian institutional capacity to coordinate NGO programs for child welfare and rehabilitation.

* Identify and assess the effectiveness of activities as liaison for Project Consortium with donors, GOR, and other NGOs.

GOALS UNDER (A) REHABILITATION OF MEDICAL TRAINING AND SERVICES

The project goals under A. will primarily be accomplished through the efforts of World Vision, Project Concern International and PACT. The goals of this component are focussed on the best rehabilitation possible within institutions through direct service, both medical and educational, as well as on technical assistance and training for institutional staff, primarily to benefit children in the 0-3 institutions, but also those in handicapped institutions.

I WORLD VISION GOALS

1. To delineate the scope and depth of developmental disorders in institutionalized Romanian infants and children and estimate the needs of the population.

2. To determine the risk categories for developmental disorders within the targeted orphan population, utilizing this determinations for prioritization of services and identification of highest risk groups - children needing intensive and/or immediate attention.

3. To establish functional working agreements between medical school departments (IMF's), Universities, and World Vision ROSES PROJECT Sites at the Leagane de Copii.

4. to develop interdisciplinary child development programs in the targeted University Affiliated Programs (R-UAP's) at the orphanage sites.

5. To implement interdisciplinary child development programs at the four ROSES R-UAP site.

6. To develop and implement service-based teaching and training programs through the ROSES Project Sites and their affiliated academic institutions and to foster and facilitate development of collaborative international academic activities.

7. To foster the transition of the ROSES project site UAP's into sustainable, University affiliated community facilities for the developmentally disabled.

8. To support child placement efforts by providing for the evaluation and the screening of orphaned children being considered for out-placement from the orphanage via reunification with families, foster homes, in-country adoptions or international adoptions.

9. To provide program management and administrative support for World Vision Romania projects which includes identifying and training local technical staff necessary for project management.

10. To enhance networks and multiplying contacts as potential resources both within and outside Romania which includes seeking potential resources in private and governmental institutions.

II PCI GOALS

1. To assist Romanian counterparts in their goals of providing a better future for Romania's children, especially those now in the institutions, or those who may be in jeopardy of institutional placement.

2. Options volunteer physicians and surgeons will teach simple repair techniques, such as the re-molding of a clubfoot. Romanian counterparts will also be instructed in modern surgical techniques for more complex defects, such as the repair of cleft lips and palates to prevent as many children as possible from being classified as "irrecoverable."

3. Options volunteer genetics and dysmorphology specialists will review possible preventable causes of malformations in Romania and will share updated genetic knowledge with Romanian pediatricians.

4. To initiate the process leading to recovery and rehabilitation, to the furthest extent possible, of all institutionalized children. Medical teams will treat simple problems, such as crossed eyes, so that the children look normal to their natural families and to the potential adoptive parents. Options volunteer specialists will include: orthopedic specialists, physical therapists, speech therapists, child psychologists and pre-school teachers.

5. In order to update the knowledge of pediatric medicine in Romania and to provide mothers and children with the same level of medical care available in the West:

a. Options volunteers will be skilled in areas where Romanian lack current medical knowledge. Each volunteer is expected to train while treating patients.

b. Medical teams will visit the country four times a year. They will be matched with Romanian counterparts prior to arrival, and all of their operations will be done in collaboration with Romanian physicians.

III PACT GOALS

* to leverage additional services, resources and assistance to children in the Romanian institutions for the handicapped by creating a private fund and developing proposals such as PL480 local currency proposals for the rehabilitation of handicapped institutions in Romania.

* to develop collaborative programming efforts between European and American NGO's to assist Romanian handicapped children.

* to assess the situation of all institutionalized children in Romania for the purposes of analyzing, reporting and developing projects to address the "unmet needs" of these children.

GOALS UNDER (B) PERMANENCY PLANNING SOLUTIONS

The project goals under (B) will primarily be accomplished through PACT and its subgrantees: Holt International Children's Services and Romanian NGO's such as Ocrotiti Copiii (Protect the Children). The goals of this component are focussed on assisting Romanian agencies and institutions to develop the capacity to design and implement the best and most appropriate permanency planning solutions for institutionalized Romanian children and to prevent the institutionalization of other Romanian children.

As the goals under (B) are sometimes addressed collaboratively between PACT and the subgrantees, they are listed below under the following headings: (1) Family Reunification (2) Adoption and Other Related Programs (3) Census Activities.

I FAMILY REUNIFICATION GOALS

* Train forty-four Romanian social assistants in the field of child welfare

* Evaluate the family situations of 2,500 orphanage children and children abandoned or relinquished for adoption in maternity hospitals and make permanency plans for them

* Build "indigenous capacity" for permanency planning in Romania through the training of social assistants

* Through permanency planning efforts arrange for family reunification for 125 institutionalized children

II ADOPTION AND OTHER RELATED PROGRAMS GOALS

* Register 500 children from the orphanages on the official adoption list of the Romanian Adoption Committee once the procedures for doing so have been developed.

* Indirectly work with the Government of Romania (The Romanian Adoption Committee) to develop a more effective adoption system

* Encourage and facilitate 30 Romanian adoptive placements through development of relevant child information and counseling at the time of child placement

* If Holt is selected by the RAC to place Romanian children, Holt will make special efforts to recruit adoptive families for 20 "special needs" children

* Work with the Ministry of Health in developing a demonstration foster care program for 15 babies

* Work with 2,500 families to obtain permanency solutions for institutionalized children

* Facilitate the placement of 300 children with foreign adoptive families once the freeze on foreign adoptions has been lifted

* Advocate with the RAC that there be adoption home studies required of prospective Romanian adoptive families as are presently required for foreign adoptions

* Provide the Romanian Adoption Committee (RAC) with the necessary technical expertise, training and office equipment to enable them to develop an efficient adoption and permanency planning system in Romania

* Provide judet level personnel (orphanage directors, members of the "tutelary authorities" and "Commissions on Minors"), in cooperation with other international organizations such as International Social Services (ISS), the necessary training to enable them to work effectively with the RAC in creating a Romanian permanency planning and adoption infrastructure

III CENSUS ACTIVITIES GOALS

* Through its subgrantees, Salvati Copiii and Ocrotiti Copiii, PACT will assist and finance data collection and census of the following kinds of institutionalized children:

(1) all those in the Leagane de Copii (72 0-3 institutions)
(2) all those in the Camine Spital (29 institutions for the handicapped)
(3) all those in the Casa de Copii (176 4-14 institutions)

These databases will be made available for planning purposes to members of the PACT Consortium and the respective Romanian Ministries (MOH, State Secretariat for the Handicapped. MOE)

Other goals for the Project include goals related to project management.

PROJECT MANAGEMENT, MONITORING AND INSTITUTIONAL SUPPORT GOALS

PACT Goals

* to monitor the activities of the consortium partners and the recipients of sub-grant funds

* to serve as the primary liaison for the "Children of Romania" Consortium with the U.S. Embassy, the GOR, the UN agencies and the U.S. and international NGO's

* to work closely with UNICEF in its role to help the process of NGO coordination and information-sharing with Romanian government bodies charged with NGO coordination, such as the Inter-ministerial Commission on NGO coordination chaired by the MOH

* to prepare "Children of Romania" project revised Implementation Plans as necessary for use in project monitoring and evaluation

* to coordinate the submission of quarter reports to AID as well as to submit PACT quarterly reports with an "overview" section covering the activities of Consortium members and trends in Romania which affect the Project

* to develop a Scope of Work for the two Project evaluations and help organize the selection of the evaluation team and evaluation methodology in conjunction with Consortium members and AID

* to establish relationships with as many of the American and European NGO's as possible in order to promote information-sharing and project collaboration between said organizations

QUALIFICATIONS OF THE EVALUATION TEAM

The most crucial member of the evaluation team is the team leader. It is imperative that the team leader be an experienced evaluator with extensive experience in evaluating AID projects in developing countries. In addition to his or her evaluation experience, the team leader should have expertise in one of the following skill areas: management, child welfare, and/or child development.

Once the team leader has been chosen, and his area of expertise is known, then two other ex-patriots should be chosen to cover the additional two skill areas so that the three skill areas identified above will be covered. The two evaluators should have extensive experience living and working overseas, and should have the ability to analyze programs in their cross-cultural context.

The two ex-patriots described above will be paired with Romanian counterparts with professional skills related to the "Children of Romania" project. Translators will accompany these teams as necessary.

PERIOD OF SERVICE AND SCHEDULING

The expatriate team will be contracted for four weeks. Two days will be spent assessing PACT headquarters management systems, processes and contracting mechanisms.

A meeting with the AID Project Officer and other appropriate AID staff will be included as well as telephone interviews with Headquarters at PCI, WVRD, and Holt.

The following materials will be reviewed: the original proposal of July 1990, the revision of the original proposal eventually accepted by AID, the grant agreement, the original Implementation Plan, the Revised Implementation Plan of December, 1991, the Amendment Proposal and the Quarterly Reports, Mid-term evaluation documents.

The Final Evaluation schedule should be scheduled from September 3rd through September 28th. From September 3 - 5 the evaluators will assess home office management at the PACT headquarters in Washington, D.C. The date to start in-country should be September 7th, ending September 25th and de-briefing in Washington, D.C. on September 28 - 30.

Three weeks will be spent in Romania. The first three to four days will be spent in Bucharest receiving orientation to the total project by members of the consortium agencies and AID/Bucharest. The remaining time will be spent visiting the various sites of the consortium, final analysis, and a be-briefing. A field draft will be left in the country after a review of contents with field staff and local team members. There will be two de-briefings held prior to departure, one for the Consortium members, one with AID/Bucharest and one which will include GOR representatives. A de-briefing with PACT/Washington and AID/Washington and Consortium members will be done upon return to the U.S. De-briefing with Consortium members will possibly be done by conference call.

RELATIONSHIPS AND RESPONSIBILITIES

The evaluation team is contracted by the PACT headquarters and reports directly to the Project Director. While in Romania, the Team will receive guidance from the PACT Romania Field Director. The Team will interview and communicate with Consortium members, USAID/Bucharest and the GOR as needed with the assistance and guidance of the PACT Romania Field Director. The Team will have full access to Project documents, data and other project-related information.

REPORTING REQUIREMENTS

The report will include:

Part I: Executive Summary
Part II: Project Identification Data Sheet
Part III: Table of Contents
Part IV: Statement of findings, conclusions and recommendations. These should be stated in a succinct fashion. The recommendations should be based on the findings and conclusions and should be practical, action-oriented and prioritized. They should focus on the implementation strategies presently in place in relation to the long-term objectives as stated in the Revised

Implementation Plan.

Part V: Body of the Report. The report should provide the evidence and analysis to support the findings, conclusions, and recommendations, including recommendations for future PVO activities.
Part VI: Appendices: These are to include:

a. the evaluation Scope of Work
b. a description of the methodology used to conduct the evaluation.
c. a bibliography of the documents analyzed
d. a list of persons/agencies interviewed
e. the completed sections H and J of the AID Project Evaluation Summary.

PREPARATION FOR THE EVALUATION

This evaluation is planned to be as participative and productive as possible. The following steps will be helpful in preparing Consortium partners, Romanian counterparts, and others to participate with the evaluators in assessing the results and processes of the Project and contribute those findings towards planning future program development in Romania.

All international and Romanian staff are encouraged to prepare for this evaluation by initiating the following:

* review Scope of Work to discern the purposes and emphases of the evaluation.

* compile and initially analyze quantitative data of services

* prepare charts, graphs and narrative of analysis and trends

* define areas for future potential adaptation or expansion of child welfare and rehabilitation as well as outline potential approaches

* identify areas of difficulty encountered and appropriate methods to deal with these difficulties

* identify needs not yet met by this and other projects in Romania along with potential approaches to these needs.

* outline the lessons that have been learned while participating in this Project

CHILDREN OF ROMANIA EVALUATION BUDGET, August 5, 1992

I. CONSULTANT/EVALUATOR SALARIES					
A. Evaluation Team Leader @ $312/day @ 30 days					
	312	30			9360
B. Additional Evaluator @ $312/day @ 30 days					
	312	30			9360
C. Third Evaluator @ $300/day @ 30 days					
	300	30			9000
SUBTOTAL I.					27720
II. INTERNATIONAL TRAVEL AND PER DIEM					
A. 2 RT Washington DC to Bucharest @ $2500					
	2	2500			5000
B. 1 RT Pheonix/DC/Bucharest @ $2500					
	1	2500			
C. Romania Per Diem @ $168 @ 20 days					
	168	20	3		10080
D. Local Travel @ $1000			1000		1000
SUBTOTAL II.					16080
III. TRAVEL AND PER DIEM					
A. Washington, DC Per Diem @ $144/day @ 5 days					
	144	5	2		1440
B. Stateside Travel @ $500				500	500
SUBTOTAL III.					1940
IV. OTHER DIRECT COSTS					
A. Communications @ $500			500		500
B. Miscellaneous @ $500			500		500
C. Translators (3) @ $150			150		150
SUBTOTAL III.					1150
TOTAL EVALUATION COSTS					46890

NOTE: The Per Diem in Washington DC is only for two persons,
as one evaluator resides in Washington, DC.

OVERVIEW OF CONDITIONS IN ROMANIA

Some of the conditions which the PVOs encountered in Romania in the implementation of projects included the following:

-absence of legislation defining abandonment and an effective process for dealing with children already in the system who can be considered abandoned;

-absence of a policy for the mcvement of children already in institutions who may have been wrongly placed

-severely limited number of qualified, trained child care workers

-limited number of trained social workers to work with families and children

-lack of awareness of Romanians concerning childrens' institutions and children placed in them

-too many priorities for the GOR to address after the revolution

-absence of an infrastructure with which to deal with the deluge of demands for international adoptions

-little cultural and historical tradition of national adoptions and foster care

-the isolation of the country for a long period of time and their unfamiliarity in working with westerners

-suspicion of the motivation of foreigners who came to work with children

-the absence of a screening system to determine childrens potential before placement in the institutional system

-essentially no community involvement with institutions

-as many as nine ministries involved with different aspects or different types of childrens institutions

-difficulty in moving children after physical handicap corrected by surgery

-procedure of placing all children regardless of handicap in the same institution

-an economic climate in which job security was primary

-absence of an organization to coordinate NGO activities

-more than a thousand children infected with HIV virus

-initial rush of adoption affecting children in institutions

-incidents of children were adopted directly from families especially from poor and uneducated parents

-rumors of children being taken outside of Romania for surgery and being lost to record.

A.I.D.	Agency for International Development
U.S.A.I.D.	United States Agency for International Development
PACT	Private Agencies Collaborating Together
PCI	Project Concern International
Holt	Holt International Children's Services
WVRD	World Vision Relief and Development, Inc.
UNICEF	United Nations Childrens Fund
EEC	Eastern European Community
EquiLibre	French NGO
Camin Spital	Institution for Handicapped Children
Legane	Orphanage 0-3 years of age
Casa de Copii Prescolari	Children's Home 3-7 years of age
Casa de Copii Scolari	Childrens Home 7-18 years of age
Copi, Copii, Copiii	Child or Children
MOH	Ministry of Health
MOE	Ministry of Education
MOL	Ministry of Labor and Social Protection
RAC	Romanian Adoption Committee or Adoption Committee of Romania
CSCPI	Committee for the Support of Children's Protection Institutions
RICH	Romanian Information Clearing House
Salvati Copiii	Save the Children, Romanian NGO
Ocrotiti Copiii	Protect the Children, Romanian NGO
Caritas	International NGO
PVO	Private Voluntary Organization
NGO	Non-governmental Organization
COR	Children of Romania, A.I.D. funded Project
R.O.S.E.S.	Romanian Orphans' Social, Educational, and Services Project
Sectii de Distrofici	Centers for malnourished children
HSA	Holt, International Social Assistant
COM	Commission on Minors
TA	Technical Assistance
TFC	Temporary Foster Care
SA	Social Assistants
ENT	Ear, Nose and Throat
AIDS	Acquired Immunodeficiency Syndrome
HQ	Headquarters
MOU	Memorandum of Understanding
RAN	Romanian Academic Network
FT	Full Time